

Name
in
Full

Russell S. Baker

CERTIFICATE OF DEATH

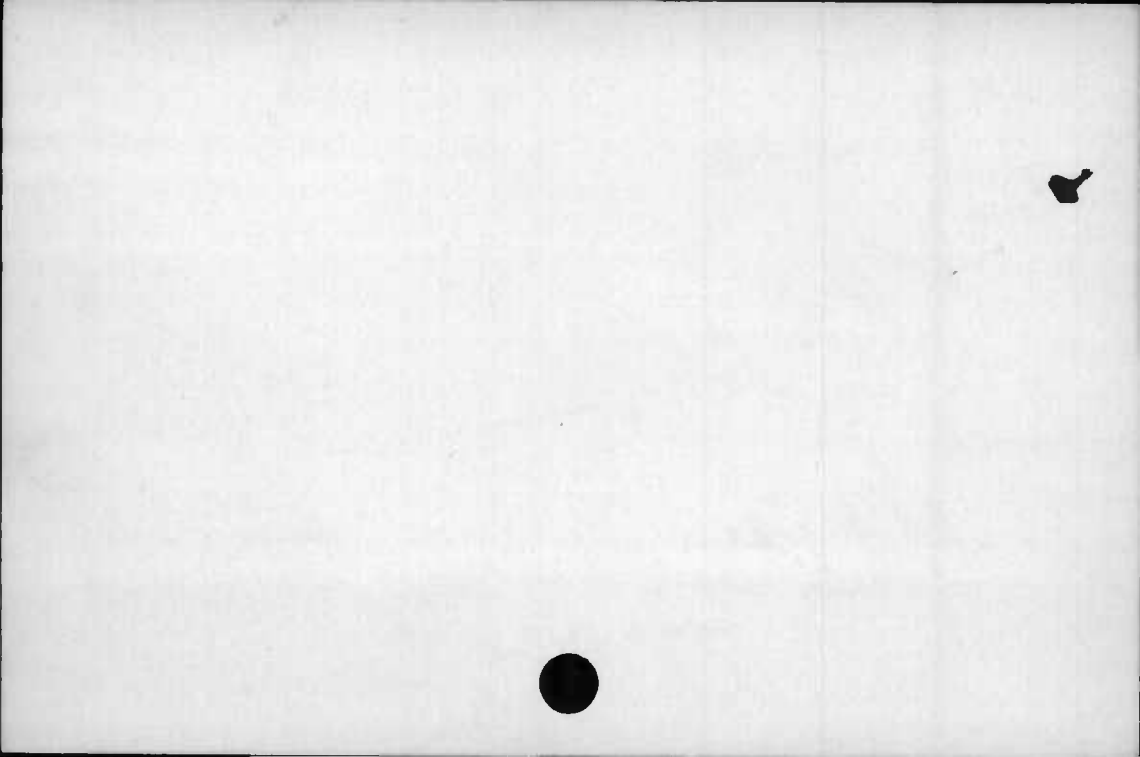
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Roxbury</i> Town		<i>Washington</i> County		MARYLAND	
Date of death	<i>1906</i>	Month <i>Aug</i>	Day <i>18</i>	Age <i>12</i> Years	Months <i>12</i> Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Washington Co.</i>		
Occupation _____			Where Residing If not at place of death <i>Roxbury</i>		
Married, Single or Widowed <i>single</i>	Name of Wife or Husband _____				
Father's Name <i>Edward Baker</i>	Father's Birthplace <i>Washington Co.</i>				
Mother's Maiden Name <i>Annie Stine</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Edward Baker</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	<i>105</i>	How long <i>3 weeks</i>
Immediate <i>convulsions</i>		How long <i>10 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. G. Lovell</i>	
	Address <i>Benewola</i>	
	<i>Ma</i>	
Accident or Suicide?		



TO BE ANSWERED BY NEAREST FRIEND	Name in Full Mary Virginia Betts		Town Marysville		County Worsh		CERTIFICATE OF DEATH	
	Died at Marysville		Month 6		Day 4		Age 4	
	Date of death 1906 Aug 4		Years 4		Months 0		Days 0	
	Sex Female		Color or Race Wht		Birth-place Maryland			
	Occupation Housewife		Where Residing if not at place of death Marysville					
	Married, Single or Widowed Widow		Name of Wife or Husband					
	Father's Name Abraham Keader		Father's Birthplace Ind					
	Mother's Maiden Name Eiz Alvord		Mother's Birthplace Ind					
Name of person giving information Leroy Betts		How related to deceased Son						

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary Mitral Inout -	How long Several years -
	Immediate Debility -	How long 24 hrs -
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician S. S. Davis
	Address Boonsboro Md	
Accident or Suicide?		



Name
in
Full

William G Bear

CERTIFICATE OF DEATH

Died at ^{Town} Hagerstown ^{County} Washington

MARYLAND

Date of death 1906 ^{Month} 8 ^{Day} 2 ^{Years} Ago 91 ^{Months} 4 ^{Days} 21

Sex Male Color or Race white Birth-place Va

Occupation Retired Where Residing if not at place of death

Married, Single or Widowed married Name of Wife or Husband

Father's Name Isaac Bear Father's Birthplace Germany

Mother's Maiden Name Mary Welker Mother's Birthplace Md

Name of person giving information Addie Bear How related to deceased Daughter

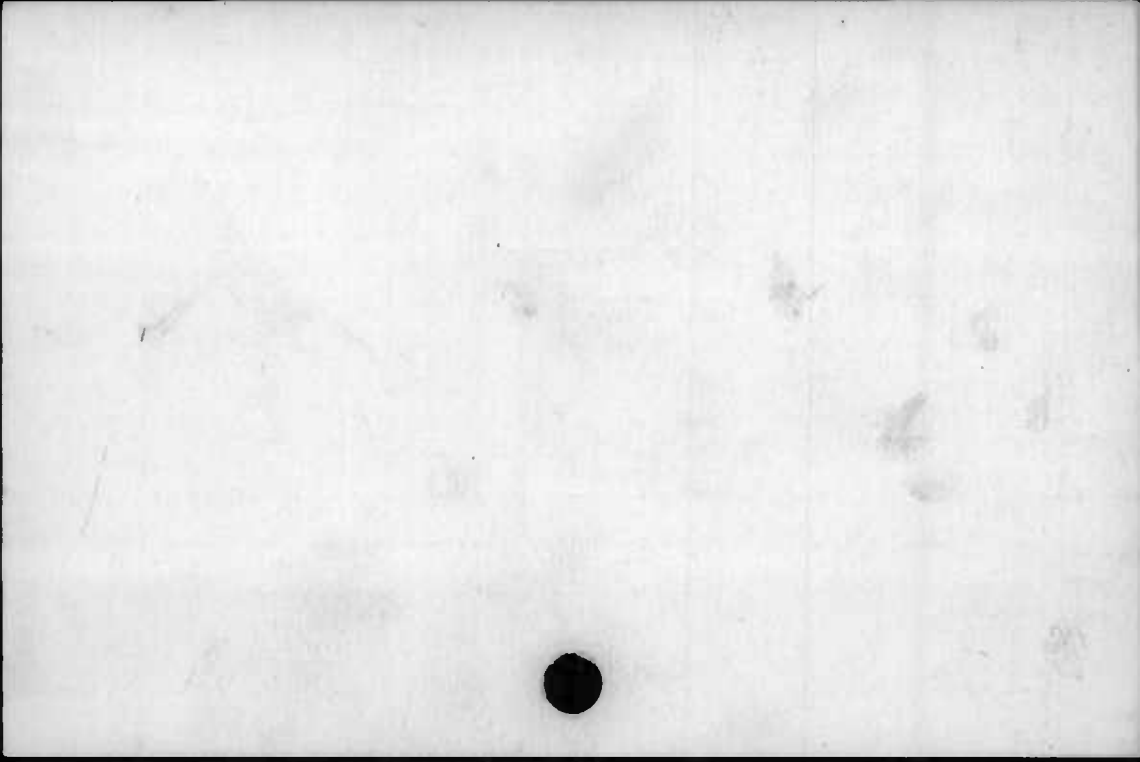
CAUSES OF DEATH

Principal Cause of Death Thrombotic Atherosclerosis (8) How long 2 yearsImmediate Cause of Death Cardiac Failure How long 3 weeksAre the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

J. M. Dugan,
Hagerstown, MdAccident or Suicide? NoTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Upton Birnie

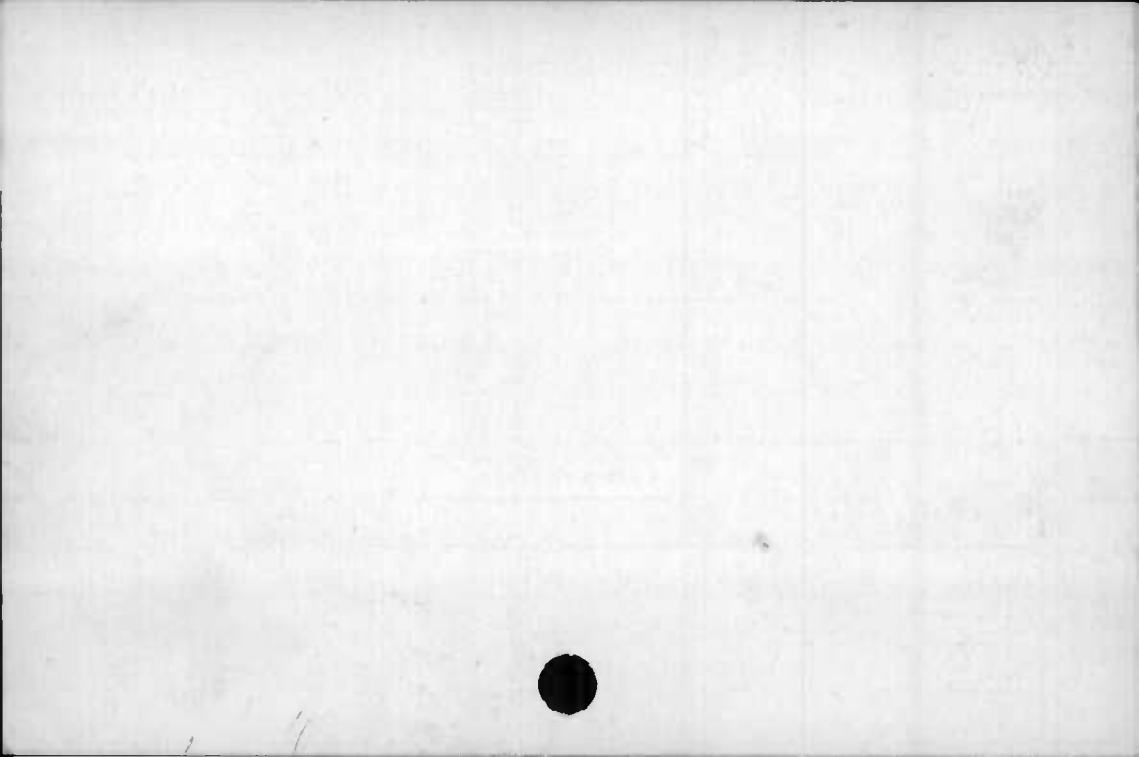
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Pen Mar</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death	<u>1906</u>	Month <u>Aug</u>	Day <u>14</u>	Years <u>5-8</u>	Months <u> </u> Days <u> </u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Ind.</u>		
Occupation <u>Retired</u>	Where Residing if not at place of death <u>Phila.</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Susan B Birnie</u>				
Father's Name <u>Rodgers Birnie</u>	Father's Birthplace <u>Ind.</u>				
Mother's Maiden Name <u>Amelia K Harry</u>	Mother's Birthplace <u>Ind.</u>				
Name of person giving information <u>Mrs Susan B Birnie</u>	How related to deceased <u>Wife</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>La Grippe</u>	How long <u>Two La Grippe</u>
Immediate <u>Tuberculosis of right lung</u>	How long <u>January 1906</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. N. Smully on D.</u>
	Address <u>Waynesboro, Pa.</u>
Accident or Suicide? <u> </u>	



Name
in
Full

Charles Leonard Bishop

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Near Hancock ^{County} Wash

MARYLAND

Date of death 1906 Aug 17 Age 13 Months 7 Days 8

Sex Male Color or Race White Birth-place Wash Co Md

Occupation _____ Where Residing if not at place of death Died at Home

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name Lemuel L. Bishop Father's Birthplace Fulton Co Pa

Mother's Maiden Name Alice Shipway Mother's Birthplace " " "

Name of person giving information Lemuel L. Bishop How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Turner of Stomach How long Three years

Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above? _____ Signature of Physician L. E. Fisher

Address Wayfordsburg Pa

Accident or Suicide? _____



Name
in
Full

Frank. Leslie Bloyer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rock P. D.</i> Town <i>No 9</i> County <i>Washington Co. Md.</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>August</i>	Day <i>Saturday</i>	Age <i>7</i> Years <i>23</i> Months <i>93</i> Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Bostetter</i>	
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Yes</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Minnie Myrtle Bloyer</i>		
Father's Name <i>Frank L Bloyer</i>	Father's Birthplace <i>Bradfording</i>		
Mother's Maiden Name <i>Minnie Myrtle Winters</i>	Mother's Birthplace <i>Penna</i>		
Name of person giving information <i>Edward Winters</i>	How related to deceased <i>Uncle</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>Ten days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>S. W. Winstel M.D.</i>
<i>I Mangos and</i>	Address <i>Hagerstown. Md.</i>
Accident or Suicide?	



Name
in
Full

Chester Franklin Bonner

CERTIFICATE OF DEATH

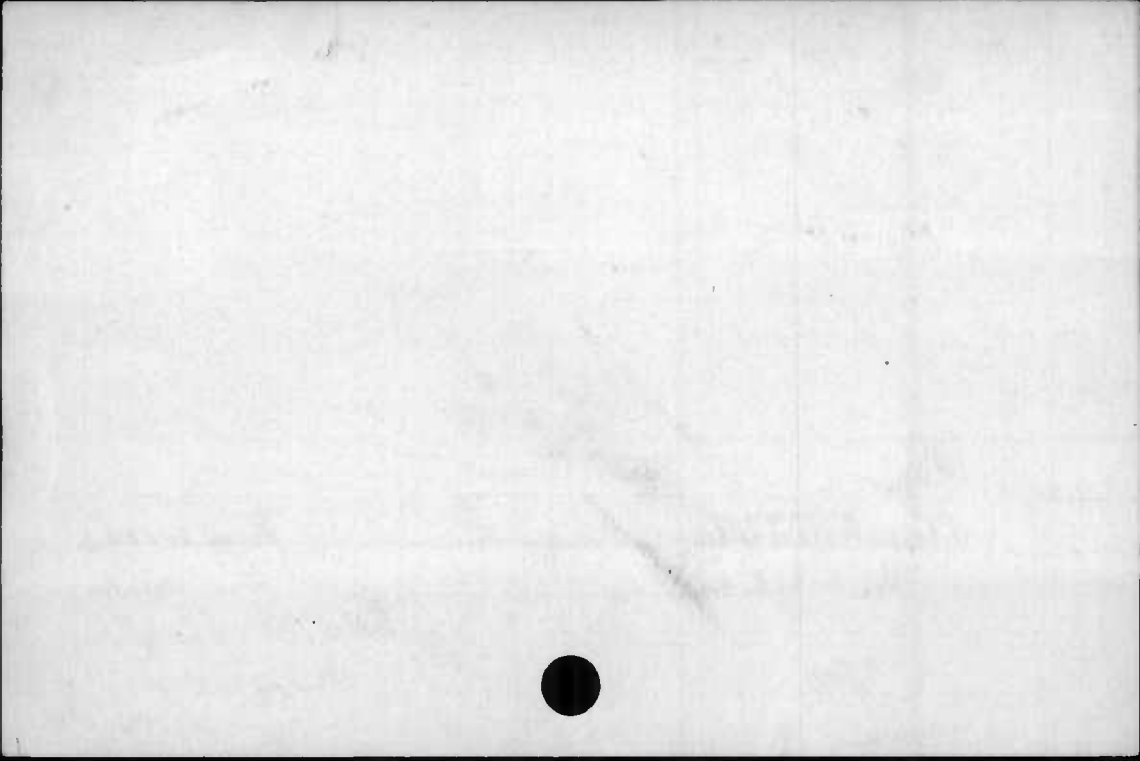
TO BE ANSWERED BY
NEAREST FRIEND


Died at <i>Hagerstown</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND	
Date of death	<i>1906</i> <small>Month</small>	<i>8</i> <small>Day</small>	<i>11</i> <small>Years</small>	Age	<i>1</i> <small>Months</small>
<i>Male</i> <small>Sex</small>	<i>White</i> <small>Color or Race</small>	<i>Md</i> <small>Birth-place</small>	<i>27</i> <small>Days</small>		
Occupation <i>_____</i>			Where Residing if not at place of death <i>_____</i>		
Married, Single or Widowed <i>_____</i>			Name of Wife or Husband <i>_____</i>		
Father's Name <i>Harry F. Bonner</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Eva Davis</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>_____</i>			How related to deceased <i>_____</i>		

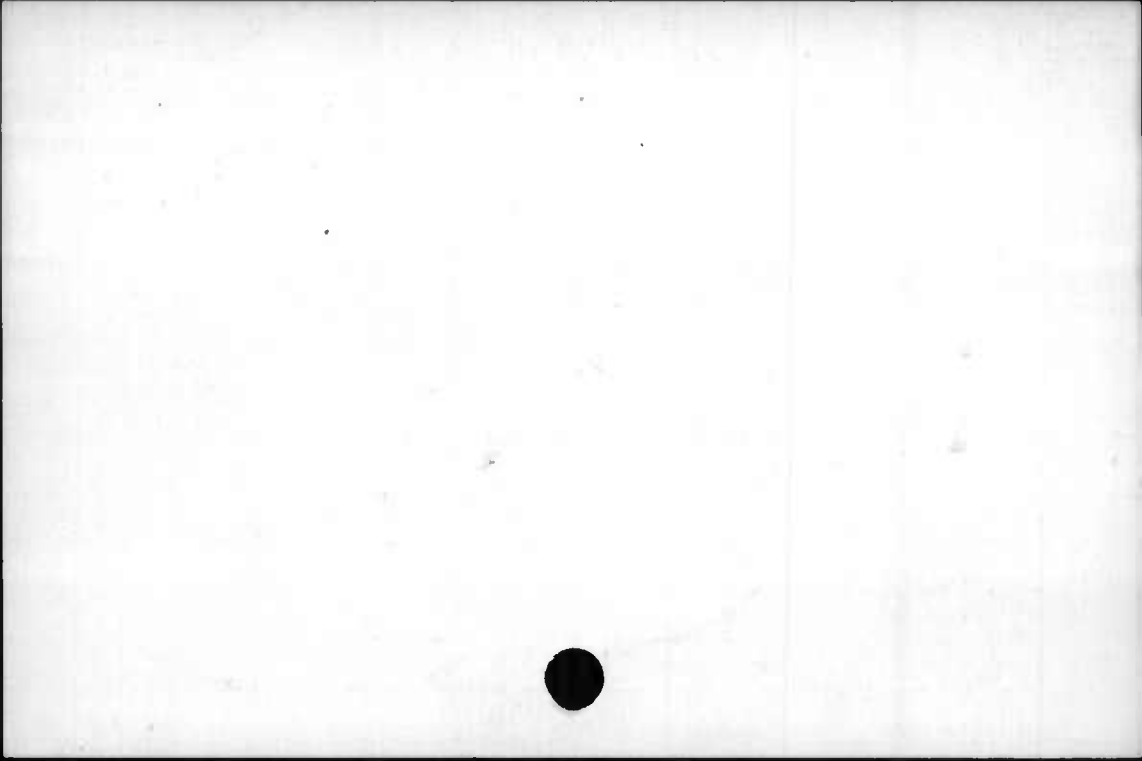
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>8 Days</i>
Immediate	<i>Infantum</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. H. Durr</i>	
		Address <i>Hagerstown Md.</i>	
Accident or Suicide? <i>_____</i>			



Name in Full Mrs Eva Bonner		CERTIFICATE OF DEATH	
Died at Hagerstown <small>Town</small>		Washington <small>County</small>	
Date of death 1906 <small>Month</small> 8 <small>Day</small> 30 <small>Years</small> 24		MARYLAND <small>Months</small> 4 <small>Days</small> 23	
Sex Female	Color or Race White	Birth-place Md	
Occupation Housewife		Where Residing if not at place of death	
Married, Single or Widowed Married	Name of Wife or Husband Harry Bonner		
Father's Name John Davis	Fether's Birthplace Md		
Mother's Maiden Name Anna Hose	Mother's Birthplace Md		
Name of person giving information Harry Bonner		How related to deceased Husband	
CAUSES OF DEATH			
Primary Tuberculosis			How long 2 months
Immediate Exhaustion			How long
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician H. H. Den. M.D.	
		Address Hagerstown Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Mrs Isabella T. Boward</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at		Month <i>8</i>		Day <i>10</i>		Years <i>87</i>	
Date of death <i>1906</i>		Months <i>6</i>		Days <i>7</i>			
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Md.</i>			
Occupation <i>H. W.</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>widow</i>		Name of Husband <i>Michael Boward.</i>					
Father's Name <i>Henry Greer</i>		Father's Birthplace <i>Pa.</i>					
Mother's Maiden Name <i>Not known</i>		Mother's Birthplace <i>—</i>					
Name of person giving information <i>Mrs. Fannie Smith</i>		How related to deceased <i>daughter.</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart trouble</i>	How long <i>Five weeks</i>
Immediate <i>Genl debility.</i>	How long <i>Five weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Chas. D. Boyle</i>
<i>Yes</i>	Address <i>Hagerstown Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

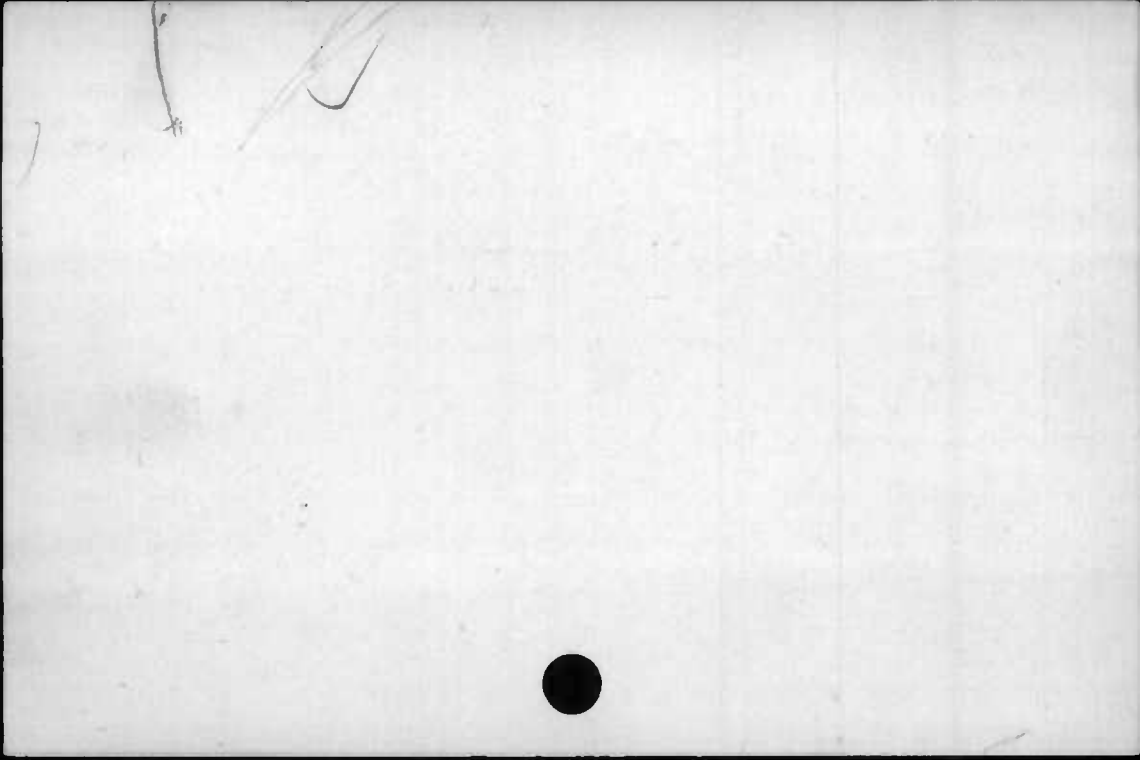
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Smithsburg		County Washington		MARYLAND			
Date of death		190	8	29	Age	87	Months 3	Days 2	
Sex		Female		Color or Race		White		Birth-place	Germany
Occupation		House Wife		Where Residing if not at place of death		Smithsburg			
Married, Single Widowed		Name of Wife or Husband		Mr Leo Brittwieser					
Father's Name		Leo Brittwieser					Father's Birthplace		Germany
Mother's Maiden Name		Eva Shaffer					Mother's Birthplace		" "
Name of person giving information		Peter Brittwieser					How related to deceased		Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	Several years
Immediate	General Debility	How long	Several Days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Dr Jos. Prothman	
Address		Smithsburg	
Accident or Suicide?		No	



Name
in
Full

Mrs Mary E. Brice

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Wash.</i>		MARYLAND	
Date of death	1906	Month	8	Day	27
Age	24	Years	6	Months	22
Sex	<i>female</i>	Color or Race	<i>white</i>	Birth-place	<i>Md.</i>
Occupation	<i>H.W.</i>	Where Residing if not at place of death			
Married, Single or Widowed	<i>married</i>	Name of Wife Husband <i>William Brice</i>			
Father's Name	<i>John Barnes</i>			Father's Birthplace	<i>Md.</i>
Mother's Maiden Name	<i>Ida Sevilbiss</i>			Mother's Birthplace	<i>'</i>
Name of person giving information	<i>Mrs John Barnes</i>			How related to deceased	<i>mother</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>27</i> yrs
Immediate	<i>Exhaustion</i>	How long	<i>3</i> months
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>V. Allen Smith</i>
		Address	<i>Hagerstown Md.</i>
Accident or Suicide?	<i>No</i>		

Thurmont,

Name
in
Full

Hanna. Virginia Brooks

CERTIFICATE OF DEATH

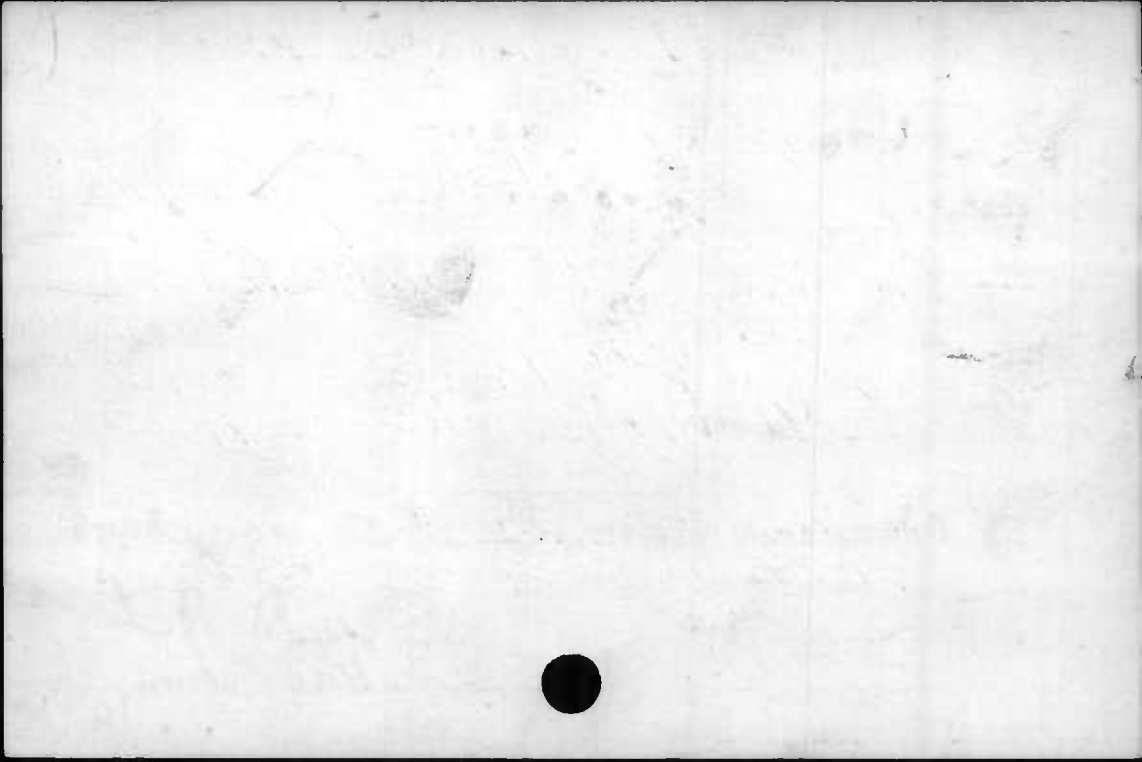
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Funkstown		County Washington		MARYLAND	
Date of death		1906	Month Aug.	Day 27	Age 35	Months	Days
Sex		Color or Race		Birth- place			
Occupation		Where Residing if not at place of death		Funkstown			
Married, Single or Widowed		Name of Wife or Husband		Funkstown			
Father's Name		Mother's Maiden Name		Father's Birthplace		Mother's Birthplace	
Name of person giving In formation		How Related to Deceased		Funkstown		Funkstown	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bright's disease "acute"	How long	12 hours
Immediate	Heart Failure	How long	8 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		C. J. W. [Signature]	
		Address	
		Funkstown	
Accident or Suicide?		No	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town		County		MARYLAND						
Date of death	1906	Month	8	Day	1	Years	Age	76	Months	2	Days	9
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Md.</i>					
Occupation						Where Residing If not at place of death						
Married, Single or Widowed	<i>Widow</i>		Name of Wife or Husband	<i>Charles Byers</i>								
Father's Name	<i>Conrad Hamburg</i>					Father's Birthplace	<i>Md</i>					
Mother's Maiden Name	<i>Margaret Nichols</i>					Mother's Birthplace	<i>Md</i>					
Name of person giving information	<i>Mrs J Bryan</i>					How related to deceased	<i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>advancing years</i>	How long	<i>same days</i>
Immediate	<i>Convulsion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Chas. D. Smith</i>
		Address	<i>Hagerstown</i>
Accident or Suicide?			<i>In</i>

12/12/12

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Robert J. Byron</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Date of death Month <i>06</i> Day <i>8</i>		Age Years <i>7</i> Months <i>3</i> Days <i>7</i>		Sex <i>Male</i>		Color or Race <i>White</i>	
Occupation <i>child</i>		Birth-place <i>md</i>					
Where Residing if not at place of death							
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Lewis J. Byron</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Virginia Brewer</i>		Mother's Birthplace <i>Pa</i>					
Name of person giving information <i>Lewis J. Byron</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>14 days</i>
Immediate <i>Exhaustion</i>	How long <i>1</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. E. Pitman</i>
	Address <i>Health Officer Hagerstown md</i>
Accident or Suicide?	

C. M. Butler & Son

Name
in
Full

CERTIFICATE OF DEATH

Robert Torat Byron		Town		County		MARYLAND	
Died at		Harrisstown		Wash			
Date		Month		Day		Years	
of death 1906		8		6		Age	
Sex		male		Color or Race		white	
Occupation				Where Residing if not at place of death		Md.	
Married, Single or Widowed		single		Name of Wife or Husband			
Father's Name		Lewis T. Byron		Father's Birthplace		Mass.	
Mother's Maiden Name		Virginia Brewer		Mother's Birthplace		Penna.	
Name of person giving information		L. T. Byron		How related to deceased		father.	

CAUSES OF DEATH

Primary	menstrual	How long	Two days
Immediate	Convulsions	How long	Several hours
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		A. H. R. R. R.	
Address		Harrisstown, Md.	
Accident or Suicide?			



Name
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CERTIFICATE OF DEATH

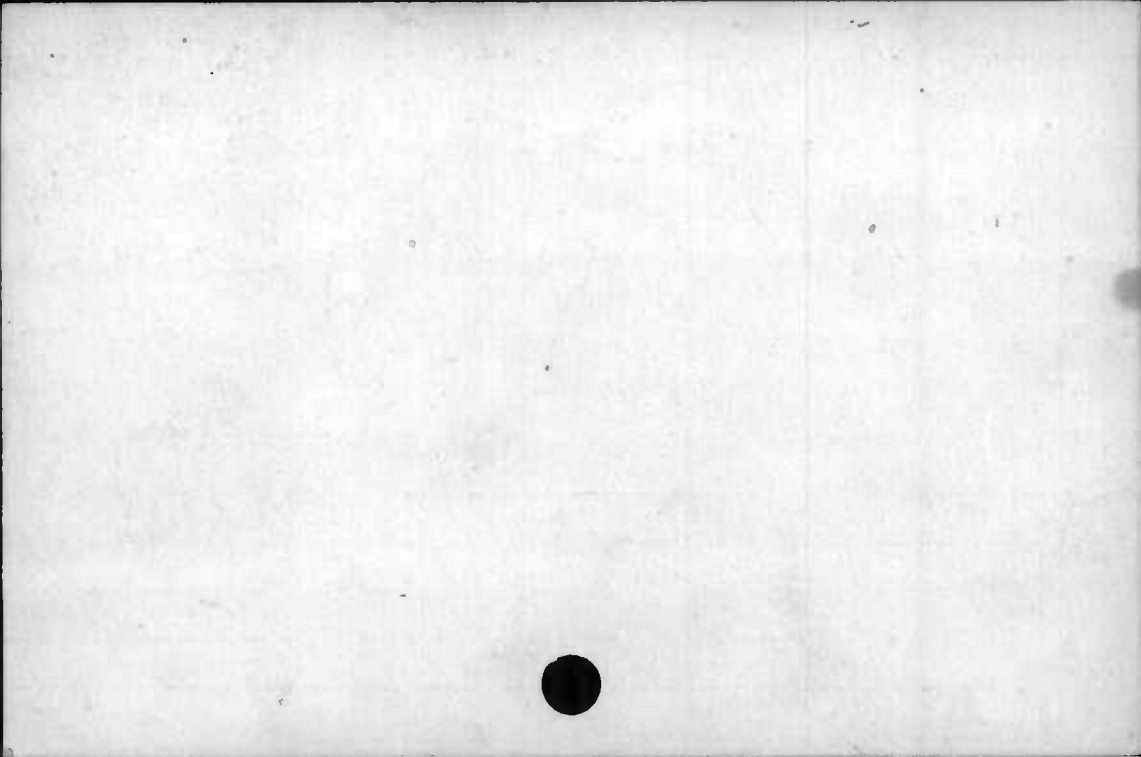
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Keokuk</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death 190 <i>6</i>	Month <i>8</i>	Day <i>2</i>	Age <i>70</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birthplace <i>Virginia</i>			
Married, Single or Widowed <i>Widower</i>	Occupation <i>Farmer</i>				
Name of Wife or Husband _____					
Father's Name <i>Alexander Campbell</i>			Father's Birthplace <i>Virginia</i>		
Mother's Maiden Name <i>Mary Kerns</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>John W. Campbell</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Neurosthenia</i>	How long <i>2 Years</i>
Immediate <i>"</i>	How long _____
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. T. Yountz,</i>
	Address <i>Brownsville, Maryland</i>
Accident or Suicide <i>Accident</i>	



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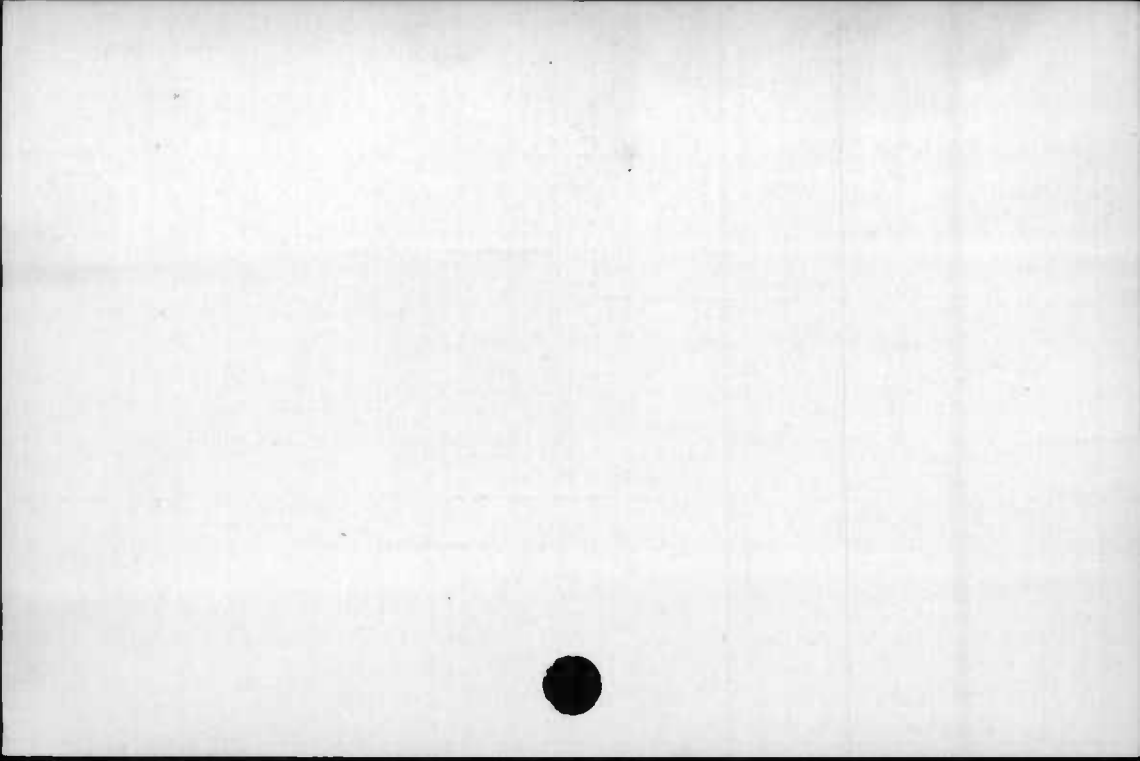
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Edgmont</u> Town		<u>Carbaugh</u> County		MARYLAND	
Date of death 190 <u>6</u> Month <u>August</u> Day <u>12</u>		Age <u> </u> Years		Months <u> </u>	Days <u> </u>
Sex <u>female</u>	Color or Race <u>White</u>	Birth-place <u>Edgmont Md</u>			
Occupation <u> </u>	Where Residing if not at place of death <u> </u>				
Married, Single or Widowed <u> </u>	Name of Wife or Husband <u> </u>				
Father's Name <u>James Carbaugh</u>	Father's Birthplace <u>Franklin Co Pa</u>				
Mother's Maiden Name <u>Precatha Carbaugh</u>	Mother's Birthplace <u>Gov. Ohio</u>				
Name of person giving information <u>James Carbaugh</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Still borne</u>	How long <u> </u>
Immediate <u> </u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>James Carbaugh</u>
<u>Still borne</u>	Address <u>Edgmont</u>
Accident or Suicide?	<u>Washington Co Md</u>



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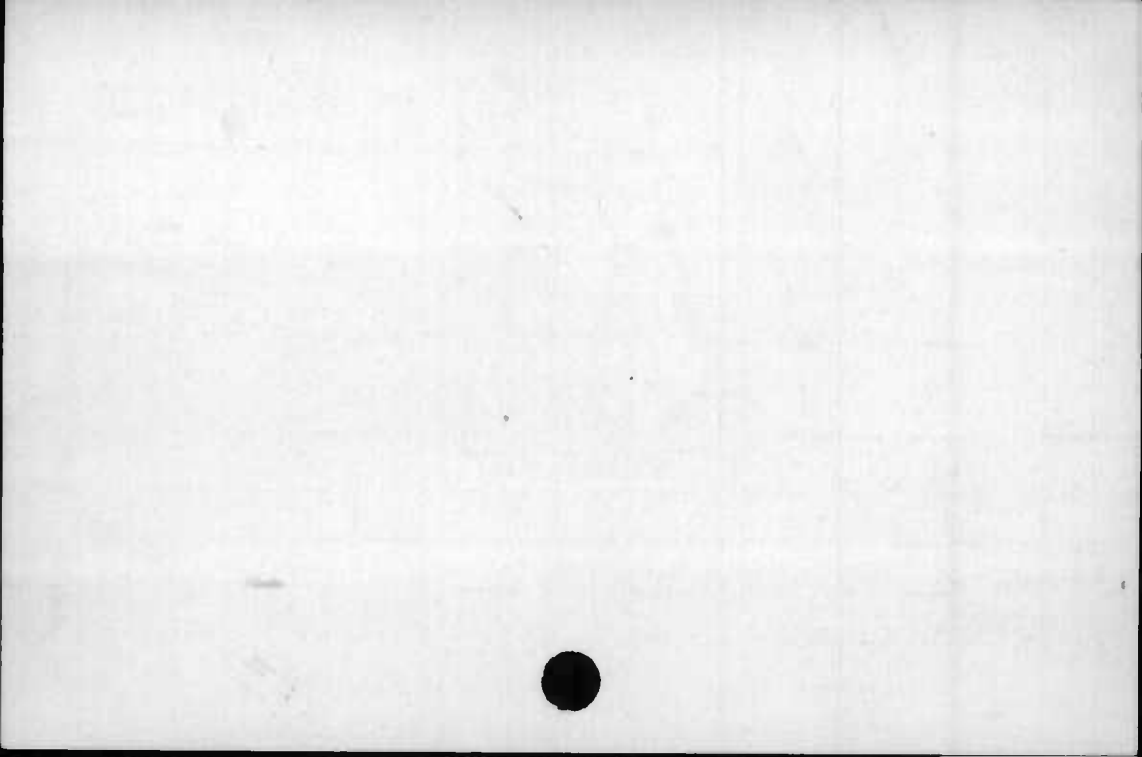
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full		Town		County		STATE	
Died at		Hagerstown		Washington		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1906		8	6	53	11	19	
Sex	Female	Color or Race	White	Birthplace	Md		
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband John H. Cooper					
Father's Name	Phares H. Rumberger				Father's Birthplace	Pa	
Mother's Maiden Name	Mary A. Monroe				Mother's Birthplace	Va	
Name of person giving information	Frank B. Cooper				How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Carcinoma	How long	1 year
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. M. Scott	
Address		Physician	
Accident or Suicide?			



Name
in
Full


CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mrs Anna E Bellinger</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1906</i>		<i>72</i>		<i>11</i>	
Month <i>8</i>		Day <i>21</i>		Year <i>72</i>		Days <i>7-</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>md</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>John F. Bellinger</i>					
Father's Name <i>Tobias Johnson</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Ruth Mason</i>		Mother's Birthplace <i>md</i>					
Name of person giving information <i>Mrs Luther Peterman</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Valvular Heart Trouble</i>	How long	<i>79</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E A. Warshaw</i>	
		Address 	
Accident or Suicide?			

Headspring

Name
in
Full

CERTIFICATE OF DEATH

Mary Anne Eakle

Town

Bakersville

County

Washington

MARYLAND

Died at

Date

of death 1906

Month

8

Day

6

Age

Years

74

Months

—

Days

2

Sex

Female

Color or
Race

White

Birth-
place

Bakersville

Occupation

House-wife

Where Residing if not
at place of death

—

Married, Single
or Widowed

Widow

Name of Wife or
Husband

George Eakle

Father's
Name

William Hammond

Father's
Birthplace

Unknown

Mother's
Maiden Name

Lousia Santman

Mother's
Birthplace

..

Name of person giving
In formation

Mrs. H. C. Pfenberger

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Dilated Heart

How long

3 years

Immediate

Intestinal Hemorrhage

How long

24 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

W. M. Reichard

Address

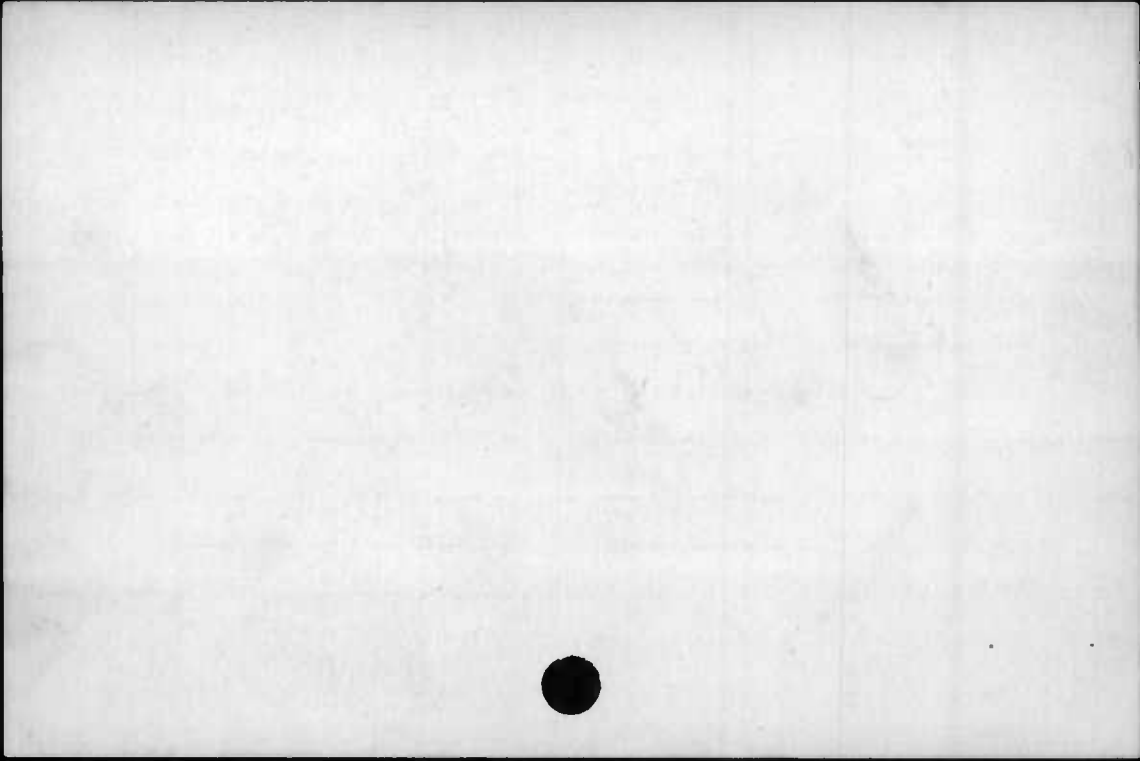
Fairplay.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Town</u> <u>Fairview</u>		County <u>Washington</u>		<u>MARYLAND</u>
	Date of death	Month <u>Aug</u>	Day <u>Thur</u>	Years <u>sixty</u>	Months <u>six</u> Days <u>fifteen</u>
	Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>	
	Occupation <u>Retired</u>	Where Residing if not at place of death <u>Fairview</u>			
	Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>George W. Carver</u>			
	Father's Name <u>Emanuel Jacobs</u>	Father's Birthplace <u>X</u>			
	Mother's Maiden Name <u>Ellen O'Hanley</u>	Mother's Birthplace <u>X</u>			
Name of person giving information <u>Lizzie Rummel</u>	How related to deceased <u>Daughter</u>				
	CAUSES OF DEATH				
PHYSICIAN OR CORONER	Primary	<u>Coronary Heart Disease</u>		How long	<u>2 or 3 days</u>
	Immediate	<u>Cerebral Hemorrhage</u>		How long	<u>4 hours</u>
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>D. C. P. Miller M.D.</u>		
			Address <u>Marriott Station, D.C.</u>		
Accident or Suicide?					



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at *Blair Valley* ^{Town} *Washington* ^{County} **MARYLAND**
 Date of death *1906 Aug 27* ^{Month} ^{Day} Age *5-9* ^{Years} ^{Months} ^{Days} *12*
 Sex *Female* Color or Race *White* Birth-place *Ind*
 Occupation *Housewife* Where Residing if not at place of death *—*
 Married, Single or Widowed *Widowed* Name of Wife or Husband *John D. Eickleberger*
 Father's Name *Jaynes Blair* Father's Birthplace *Ind*
 Mother's Maiden Name *Mary Lottow* Mother's Birthplace *Ireland*
 Name of person giving information *!* How related to deceased *Husband*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Chronic Nephritis* ^{How long} *2 yrs.*
Exhaustion. ^{How long} *(120)*

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yrs.

Signature of Physician

Address

Dr. H. C. Foster
Charespring

Accident or Suicide?

No.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Hagerstown		Washington		MARYLAND	
Date of death	1906	Month	Aug	Day	22	Age	48
Sex	Male	Color or Race	White	Birth-place	Wash. Co. Md.		
Occupation	Physician			Where Residing if not at place of death			
Married, Single or Widowed	Married			Name of Wife - Lizzie Emmert			
Father's Name	Daniel Fahrney			Father's Birthplace		Md.	
Mother's Maiden Name	Amy Welby			Mother's Birthplace		Md.	
Name of person giving information	Fred A. Fahrney			How related to deceased		Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Bright disease	How long	2 yrs
Immediate	Cardiac Dilatation	How long	1 yr
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W. M. Reichard
		Address	Fairplay.
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

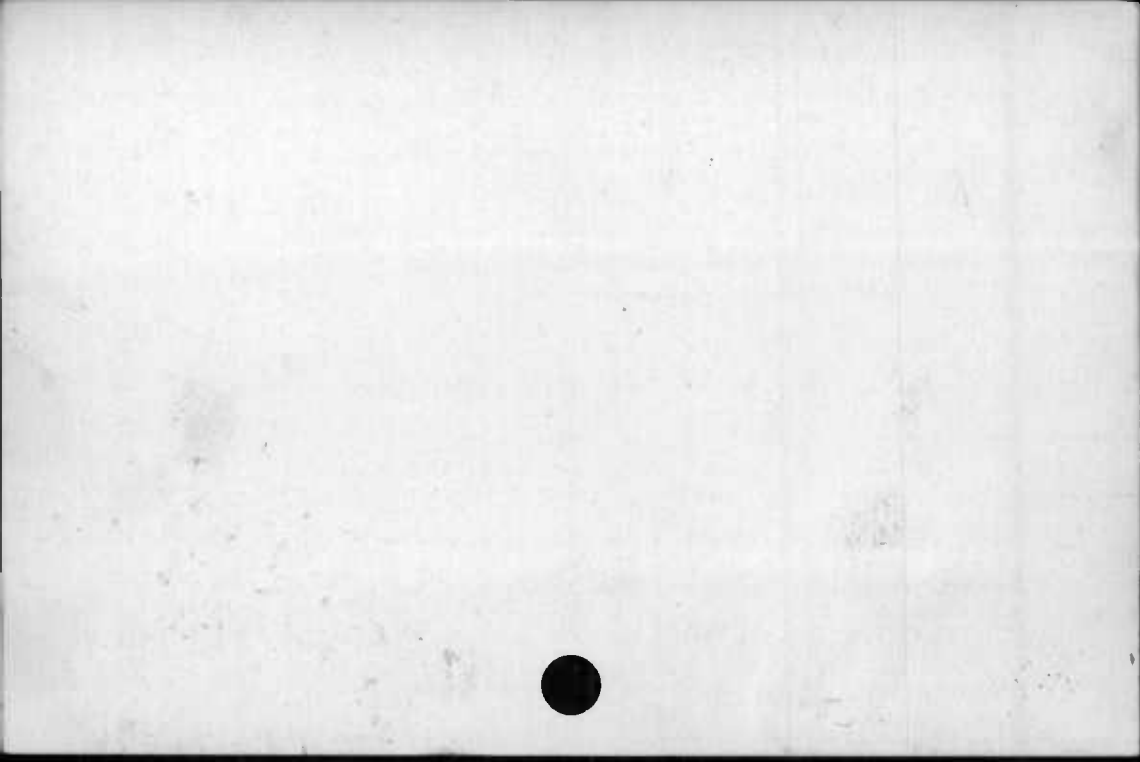
TO BE ANSWERED BY
NEAREST FRIEND

Died at Town <i>Hancock</i>		County <i>Hatch</i>		MARYLAND	
Date of death	Month	Day	Years	Months	Days
<i>1906 Aug.</i>	<i>6</i>	<i>20</i>	<i>Age</i> <i>6</i>	<i>6</i>	
Sex	Color or Race	Birth-place			
<i>Male</i>	<i>White</i>	<i>Hancock Md</i>			
Occupation	Where Residing if not at place of death				
<i>None</i>	<i>Died at home</i>				
Married, Single or Widowed	Name of Wife or Husband				
<i>Single</i>	<i>None</i>				
Father's Name	Father's Birthplace				
<i>William J. Faith</i>	<i>Hancock Md</i>				
Mother's Maiden Name	Mother's Birthplace				
<i>Mary E. English</i>	<i>" "</i>				
Name of person giving information	How related to deceased				
<i>William J. Faith</i>	<i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Enterocolitis</i>	How long	<i>3 wks</i>
Immediate	<i>Exhaustion</i>	How long	<i>3 wks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. A. Webb</i>
		Address	<i>Hancock Md</i>
Accident or Suicide?	<i>No</i>		



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name in Full		Mary L. Fuller				CERTIFICATE OF DEATH	
Died at		Hagerstown		Washington		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1906		8	22	43	10	24	
Sex		Female		Color or Race		White	
Occupation				Birth-place		Pa	
Where Residing if not at place of death		Hagerstown					
Married, Single or Widowed		Married		Name of Wife or Husband		John M. Fuller	
Father's Name		Christian Cindorff		Father's Birthplace		Pa	
Mother's Maiden Name		Mary Riddlemeyer		Mother's Birthplace		Pa	
Name of person giving information		John Fuller		How related to deceased		Husband	
CAUSES OF DEATH							
Primary		debility -		How long		106	
Immediate		acute bone trouble		How long		Tuesdays	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Chas. B. Boyle M.D.	
Address		Hagerstown					
Accident or Suicide?							

Towneytown Md

Name
in
Full

CERTIFICATE OF DEATH

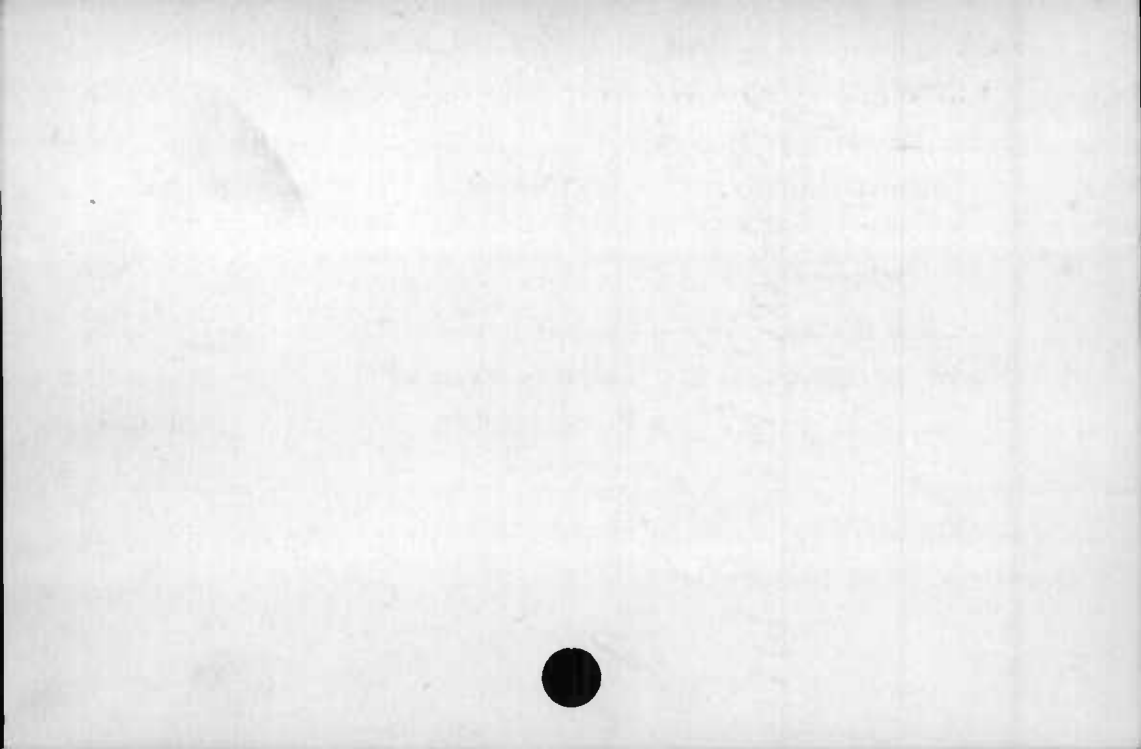
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Town</i> <i>Washington</i> <i>County</i>		MAYLAND	
Date of death	1906	Month	August
Day	31	Age	79
Sex	Male	Color or Race	White
Occupation	Laborer	Birthplace	Washington City
Married, Single or Widowed	Single	Name of Wife or Husband	
Father's Name	John Farnach	Father's Birthplace	Washington City
Mother's Maiden Name	Rosanne Hallick	Mother's Birthplace	Washington City
Name of person giving information	Samuel Richards	How related to deceased	Nephew

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Dropsy</i>	How long	<i>1 year</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Burns + Bath</i>
		Address	<i>Bourbrow Ave</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Joseph Kimmar Fishack
 Died ^{Town} near Hagerstown ^{County} Wash. MARYLAND
 Date of death 1906 Month 8 Day 3 Age — Years — Months 3 Days 9

Sex male Color or Race white Birth-place Md.

Occupation — Where Residing if not at place of death —

Married, Single or Widowed single Name of Wife or Husband —

Father's Name Harvey H. Fishack Father's Birthplace Md.

Mother's Maiden Name Maude S. Greenwalt Mother's Birthplace Regina

Name of person giving information H. H. Fishack How related to deceased Father.

CAUSES OF DEATH

Primary Cholera *disparatum* 105 How long 3 days.

Immediate

Are the name, age, sex, color, date and place correctly given above?

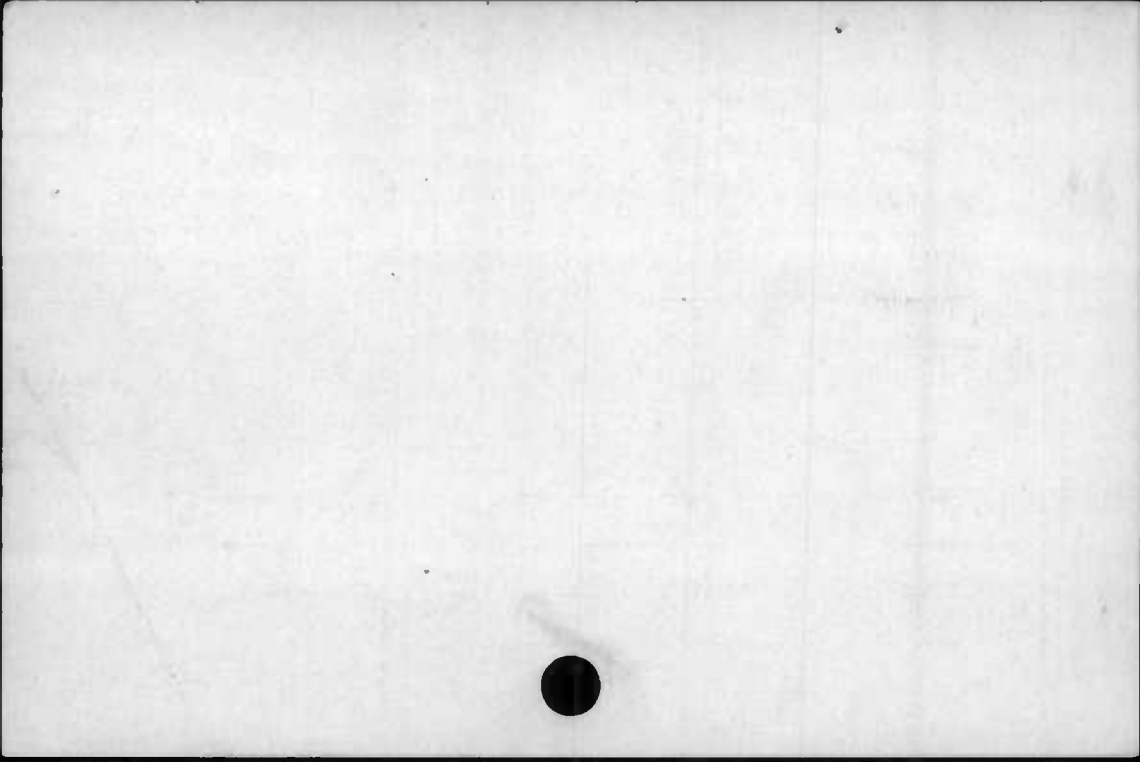
Signature of Physician

Address

J. J. Lerman
Hagerstown Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Matilda Gladhill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

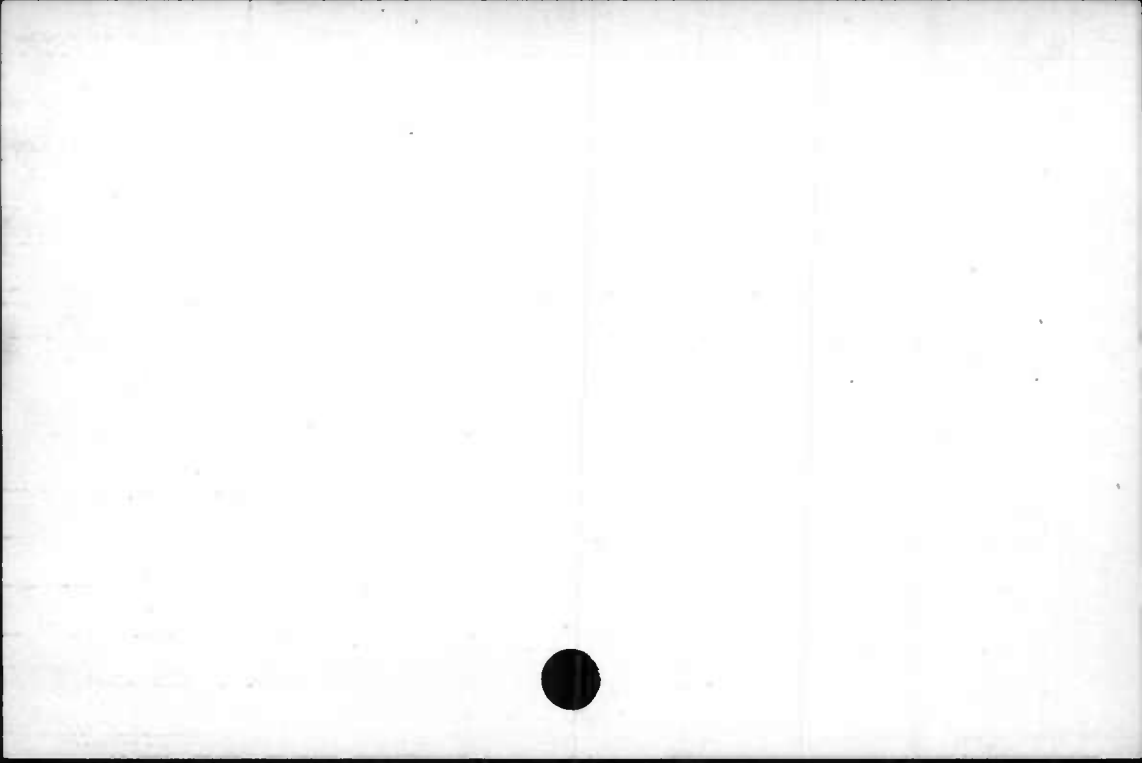
MARYLAND

Died at <i>Highfield</i>		Town <i>Washington</i>		County	
Date of death	1906	Month	Aug.	Day	25
Age	73	Years		Months	8
Sex	Female	Color or Race	White	Birth-place	
Occupation	housewife	Where Residing if not at place of death		home	
Married, Single or Widowed	Name of Wife or Husband		Matilda Gladhill		
Father's Name			Father's Birthplace		
Mother's Maiden Name	Kadde		Mother's Birthplace		
Name of person giving information	L. L. Steen		How related to deceased		
nephew					

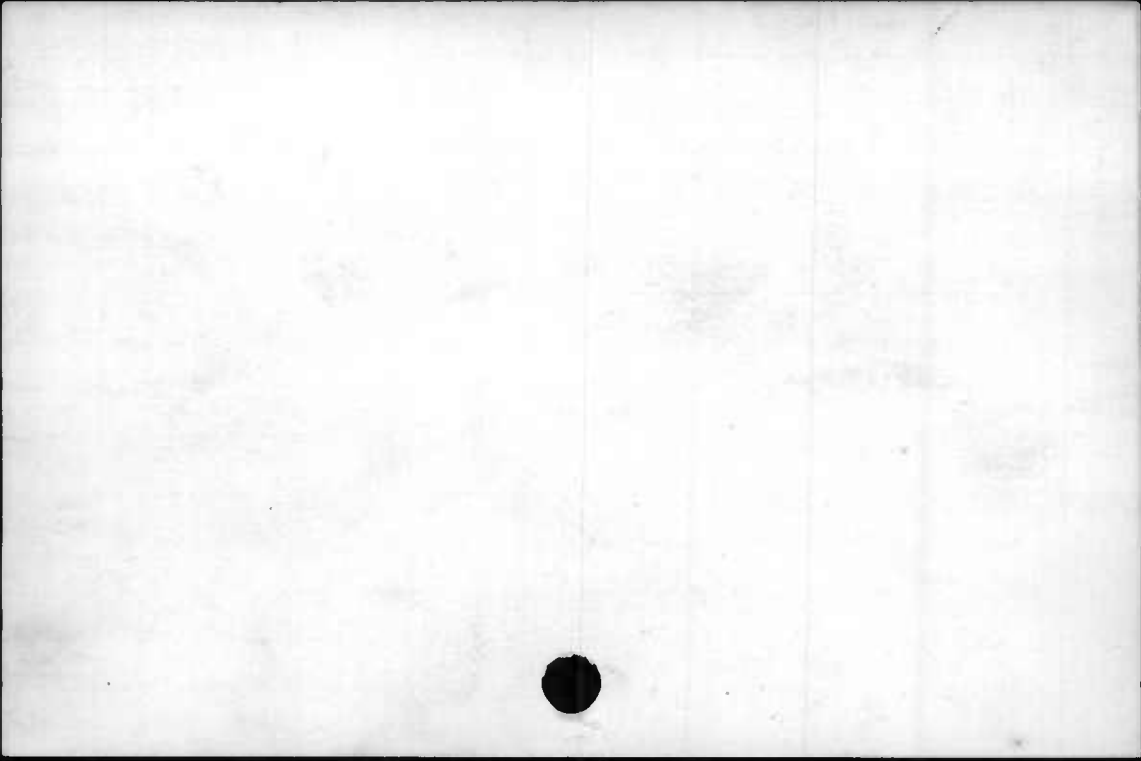
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	General debility	How long	6 mos.
Immediate	Heart failure and dropsy	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	G. L. Wachter.
		Address	Sabillasville Md.
Accident or Suicide?			



Name in Full		Town				County		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>2 yrs</i>				<i>Wash</i>		MARYLAND	
		Date of death <i>1906</i>	Month <i>8</i>	Day <i>18</i>	Age <i>57</i>	Months		Days	
		Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>			
		Occupation <i>housewife</i>		Where Residing if not at place of death					
		Married, Single or Widowed		Name of Wife or Husband <i>David Iron</i>					
		Father's Name <i>not known</i>		Father's Birthplace					
		Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased							
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary <i>Rheumatism</i>				How long <i>10 years</i>			
		Immediate <i>Bright's</i>				How long <i>3 years</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>C. D. Baker M.D.</i>			
						Address <i>Rothersville, Mo.</i>			
Accident or Suicide?									



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Elizabeth Hagerman</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>8</i>		Day <i>11</i>		Age <i>67</i>	
Date of death <i>1906</i>		Years <i>10</i>		Months <i>14</i>		Days <i>14</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Penn.</i>			
Occupation <i>Lady of Leisure</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Andrew Hagerman</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Mary Saunz</i>		Mother's Birthplace <i>Penn.</i>					
Name of person giving information <i>A. F. Birney</i>		How related to deceased <i>brother in law</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Endo Carditis</i>	How long <i>6 mo</i>
Immediate <i>Pulmonary Congestion</i>	How long <i>1 mo</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. P. Miller</i>
	Address <i>Hagerstown</i>
Accident or Suicide? <i>—</i>	<i>und</i>

Rose Hill

Name
in
Full

Sylvester Haines

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Town <u>Dargon</u> County <u>Washington</u>			
Date of death <u>1906 Aug</u>	Day <u>24th</u> Age <u>21</u>	Months <u>7</u>	Days <u>3</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth- place <u>Dargon, Md.</u>	
Occupation <u>Cooper</u>	Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband	
Father's Name <u>Columbus Haines</u>	Father's Birthplace <u>Dargon, Md.</u>		
Mother's Maiden Name <u>Katie Haines Myers</u>	Mother's Birthplace <u>Dargon, Md.</u>		
Name of person giving information <u>Katie Haines</u>	How related to deceased <u>Mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Pulmonary Tuberculosis</u>	How long <u>about 6 mos.</u>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<u>Yes.</u>	Signature of Physician <u>G. M. Garrett,</u>
		Address <u>Shenandoah, Md.</u>
Accident or Suicide?		

G. Westcott (Marker)
Undertaker.

—

Name
in
Full

CERTIFICATE OF DEATH

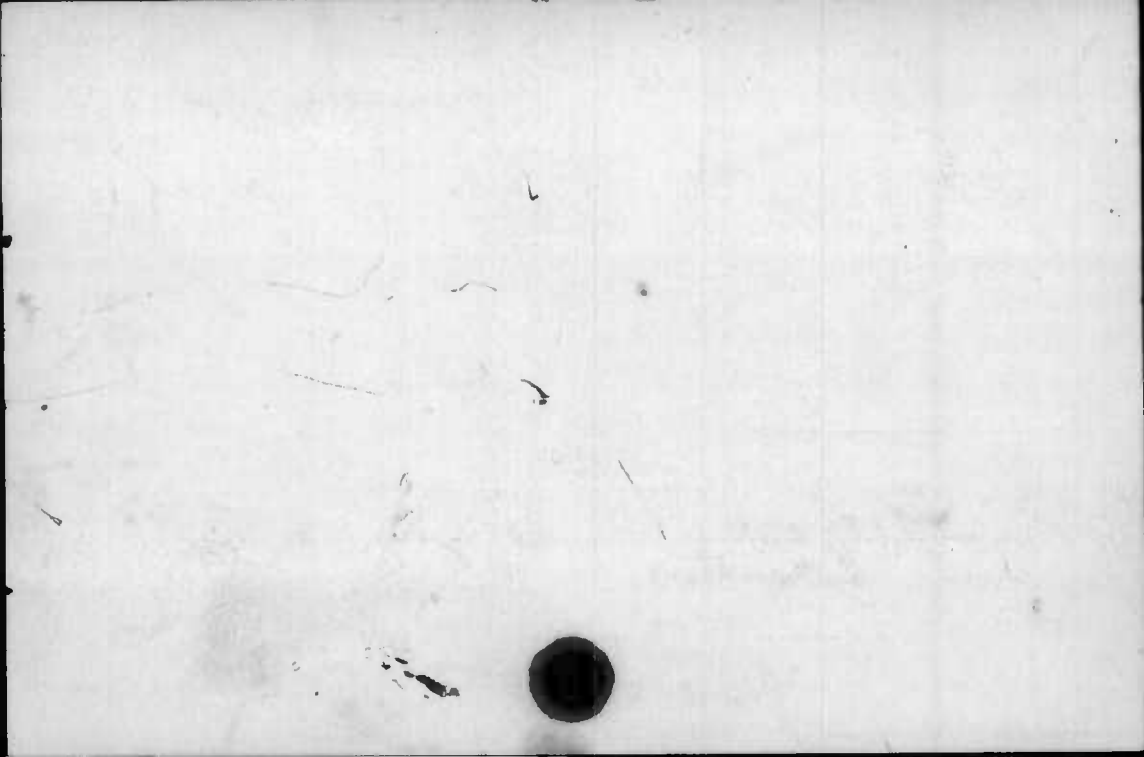
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagers town</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	Month <i>8</i>	Day <i>13</i>	Age <i>70</i>	Months <i>3</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Catharin Enelberger</i>				
Father's Name	<i>Hale</i>			Father's Birthplace	<i>England</i>
Mother's Maiden Name <i>Suzanna</i>	<i>Reed</i>			Mother's Birthplace	<i>M. J.</i>
Name of person giving information <i>Catharin</i>	<i>Hale</i>			How related to deceased	<i>Wife</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	(66)	How long <i>5 yrs.</i>
Immediate <i>Exhaustion</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. B. Monson</i>	
	Address <i>Hagers town</i>	
Accident or Suicide? <i>No.</i>		



Name
in
Full

CERTIFICATE OF DEATH

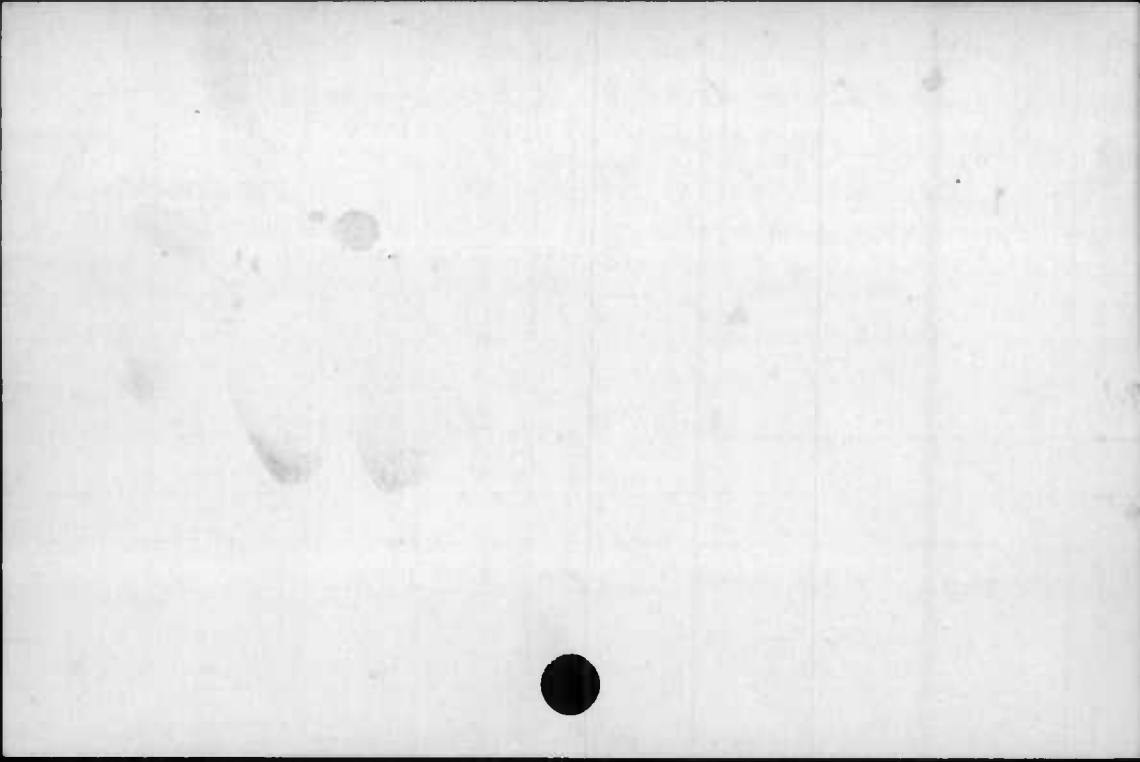
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Bronsboro		County Washington		MARYLAND	
Date of death		Month Aug	Day 12	Age 64	Years	Months	Days
Sex	Male		Color or Race	White		Birth- place	Bronsboro Md
Occupation	Wagon Maker		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband Ellen Sagenhough				
Father's Name	Emanuel Hess		Father's Birthplace Md				
Mother's Maiden Name	Catherine Petrie		Mother's Birthplace Md				
Name of person giving In formation			Raymond Hess		How related to deceased Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	(40)	How long
Immediate	Angina Pectoris	How long Three weeks
Are the name, age, sex, color, date and place correctly given above?		Yes
Signature of Physician		E J Smith
Address		Bronsboro Md
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Williamport		Washington					
Date	Month	Day	Years	Months	Days		
of death	1906	8	14	Age	73-0	2	17
Sex	Male	Color or Race	White	Birth-place	Sharpsburg		
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	Widower			Name of Wife or Husband			
Margdalena Emmert							
Father's Name	Jacob Hightmeyer			Father's Birthplace	Sharpsburg		
Mother's Maiden Name	Catharin Smith			Mother's Birthplace			
Name of person giving information	Otto S. Hightmeyer			How related to deceased	Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heart Failure	How long	179
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		H. S. Herman	
		Address	
		Hagerstown	
Accident or Suicide?			

Ar-Mavor.

Name

in
Full

CERTIFICATE OF DEATH

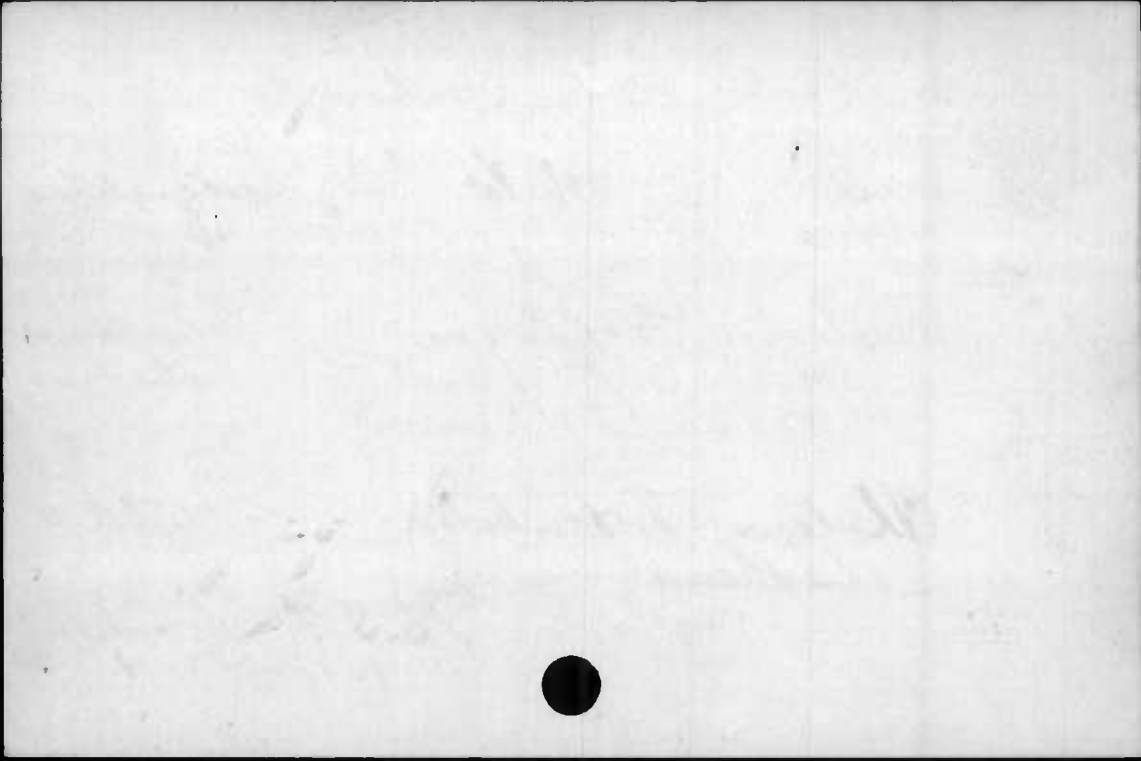
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Smokestown</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	1906	Month	8	Day	3
Age	57	Years	10	Months	27
Sex	Female	Color or Race	white	Birth-place	Frederick Co. Md
Occupation	Housewife	Where Residing if not at place of death <i>Smokestown</i>			
Married, Single widowed	Name of Wife or Husband <i>George Hoffman</i>				
Father's Name	<i>John Hoff</i>			Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Mary Moser</i>			Mother's Birthplace	<i>Id.</i>
Name of person giving information	<i>Elmer C Hoffman</i>			How related to deceased	<i>Son</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Valvular Heart Disease</i>	How long	
Immediate	<i>Anasarca</i>	How long	<i>79</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>S. S. Davis</i>	
		Address	
		<i>Brooklyn</i>	
Accident or Suicide?			



Name
in
Full

Seibert Evers Hoffman

CERTIFICATE OF DEATH

Died at ^{town} near Chewsville^{County} Washington

MARYLAND

Date
of death 1906

Month 8

Day 11

Age

Years 1

Months 2

Days 11

Sex

Male

Color or
Race

white

Birth-
place

Washington D.C.

Occupation

None

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

William Hoffman

Father's
Birthplace

Frederick Co Md

Mother's
Maiden Name

Mollie E Haifley

Mother's
Birthplace

Frederick Co Md

Name of person giving
Information

William Hoffman

How related
to deceased

Father

CAUSES OF DEATH

Primary

Cholera Infantum

How long

3 WEEKS

Immediate

asthenia

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

J. M. A. Quinn, M.D.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Elmer S. Hull

CERTIFICATE OF DEATH

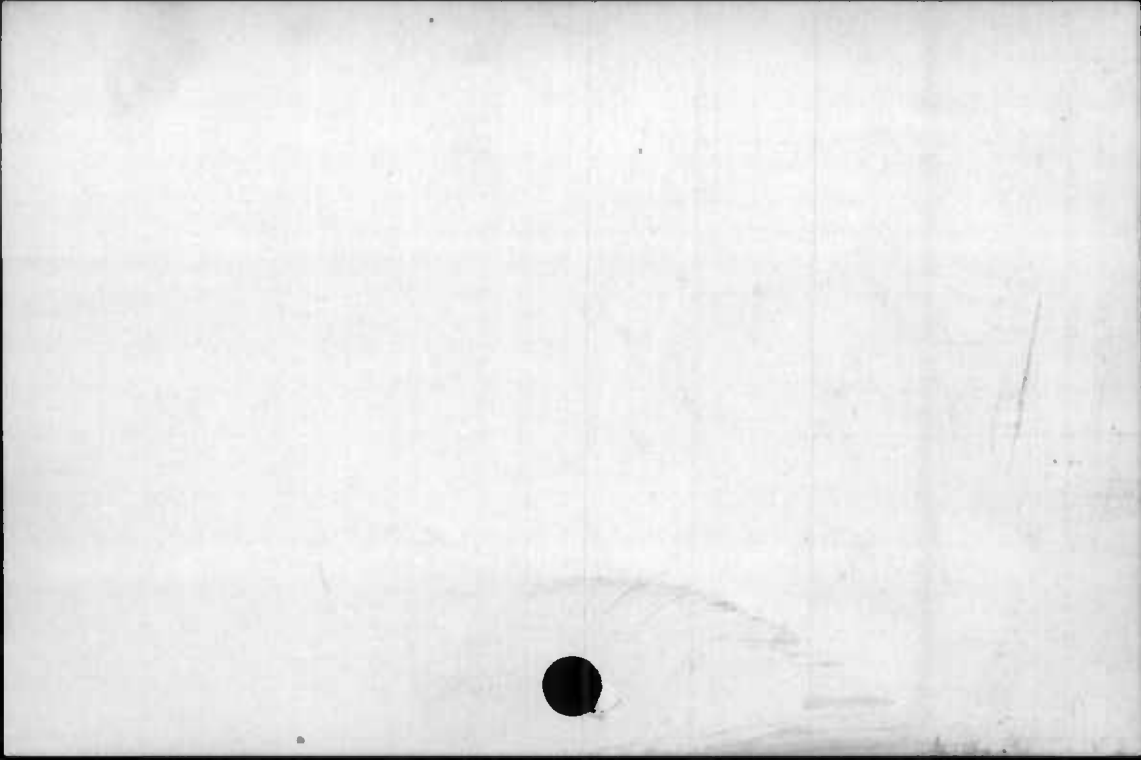
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Clearspring</i> ^{Town}		<i>Wash</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	<i>8</i> ^{Month}	<i>2</i> ^{Day}	Age <i>—</i> ^{Years}	<i>—</i> ^{Months}	<i>29</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Isiah D. Hull</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Martha Nickerson</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Isiah D. Hull</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Inanition</i>	(151)	How long <i>One month</i>
Immediate <i>Exhaustion</i>		How long <i>One day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Abraham Shank</i>	
	Address <i>Clearspring</i>	
	<i>Washington Co.</i>	
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

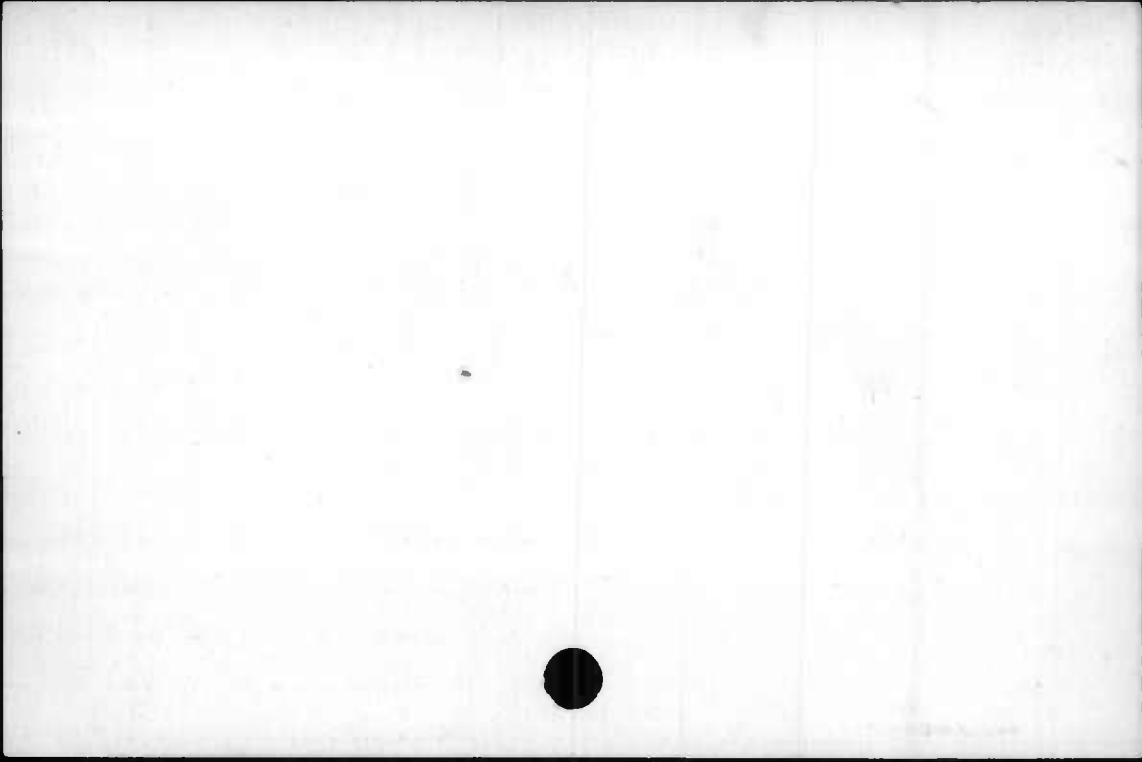
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>David W Jones</i>		Town <i>Washington</i>		County <i>Washington</i>		MARYLAND	
Died at		Month <i>8</i>		Day <i>23</i>		Years <i>33</i>	
Date of death <i>1906</i>		Months		Days			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Barbara Jones</i>					
Father's Name <i>David Jones</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Mary Ginter</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Barbara Jones</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Yellow fever, heart trouble, dropsy</i>	How long	
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>O. W. Rogers</i>	
		Address <i>Washington, D.C.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Van Lear Kershner

Town

County

MARYLAND

Died at Salem

Wash.

Date

Month

Day

Age

Years

Months

Days

of death 1906

8

13

71

—

—

4

Sex

male

Color or
Race

white

Birth-
place

Md.

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

married

Name of Wife

Mary Ellen Kershner

Father's
Name

Josiah Kershner

Father's
Birthplace

Md.

Mother's
Maiden Name

Susan Stine

Mother's
Birthplace

Penns.

Name of person giving
In formation

Mrs Mary E. Kershner

How related
to deceased

wife

CAUSES OF DEATH

Primary

Supposed Heart Failure

How long

Immediate

"

"

"

How long

few minutes

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of

Address

Conductor & Son Undertakers
Hagerstown, Md.

No physician in attendance.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Broad Fording

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full		Earl King		Town		Hagerstown		County		Washington		MARYLAND			
Died at		Date of death		Month		Day		Age		Years		Months		Days	
1906		8		25		4		6		1					
Sex		Male		Color or Race		Colored		Birth-place		Md					
Occupation		Child		Where Residing if not at place of death											
Married, Single or Widowed		Single		Name of Wife or Husband											
Father's Name		Cornelius King		Father's Birthplace		Md									
Mother's Maiden Name		Caroline Rose		Mother's Birthplace		Md									
Name of person giving information		Cornelius King		How related to deceased		Father									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Diphtheria		How long		4 days	
Immediate		Cardiac Failure		How long		one day	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		S. M. Wagonman			
		Address		Hagerstown		Md	
Accident or Suicide?							

Harvey

Name
in
Full

Minnie Muttie Estella Kline

CERTIFICATE OF DEATH

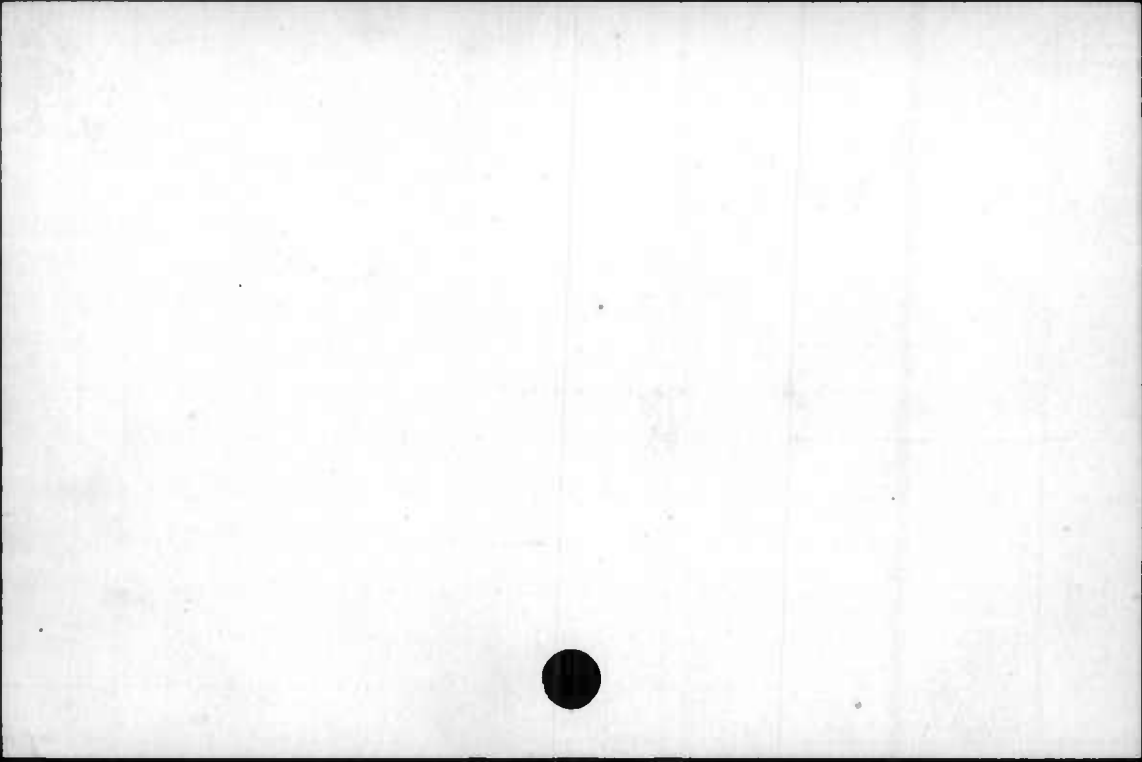
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sandy Hook,</i>		County <i>Washington</i>		MARYLAND	
Date of death	1906	Month	Aug.	Day	23
Age		Years		Months	Days
12		20		11	12
Sex	Female		Color or Race	white	
Birth-place	Virginia				
Occupation	H. K.		Where Residing if not at place of death <i>Sandy Hook.</i>		
Married, Single or Widowed	married		Name of Wife or Husband <i>Charles E. Kline</i>		
Father's Name	<i>James C. Loring</i>			Father's Birthplace	<i>Virginia</i>
Mother's Maiden Name	<i>Lydia A. Loring</i>			Mother's Birthplace	<i>Maryland</i>
Name of person giving information	<i>Lydia A. Loring</i>			How related to deceased	<i>Mother</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Electric Shock from telephone</i>		How long	<i>Instantly</i>
Immediate	<i>" " "</i>		How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes,</i>	Signature of Physician	<i>D. M. Phillips</i>
			Address	<i>Warpers Ferry, W. Va.</i>
Accident or Suicide?		<i>Accident</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death <i>1906</i> ^{Month} <i>8</i> ^{Day} <i>26</i> ^{Years} <i>11</i> ^{Months} <i>—</i> ^{Days} <i>—</i>		Sex <i>Male</i> Color or Race <i>White</i>		Birth-place <i>md</i>	
Occupation <i>Builder</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Daniel G Gauty</i>		Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Lizzie Miller</i>		Mother's Birthplace <i>md</i>			
Name of person giving information <i>Annuel Gauty</i>		How related to deceased <i>mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Diphtheria</i>	How long	<i>10 days</i>
Immediate	<i>Cardiac Failure</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>YES</i>		Signature of Physician <i>D. M. Hagan</i>	
		Address <i>Hagerstown, md</i>	
Accident or Suicide? <i>No.</i>			

Amherst town

Coffman

Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Hagerstown*County *Washington*Date
of death *1906*Month *8*Day *26*

Age

Years *-*Months *0*Days *0*

Sex

*Female*Color or
Race*Colored*Birth-
place*md*

Occupation

*Child*Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*James Lankuis*Father's
Birthplace*Na*Mother's
Maiden Name*Helen Lewis*Mother's
Birthplace*Na*Name of person giving
In formation*James Lankuis*How related
to deceased*Father*

CAUSES OF DEATH

105

Primary

Cholera Infantum

How long

Immediate

Spasms

How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*Dr. C. F. Fennan
Hagerstown md
Funeral Director*

Accident or Suicide?

Halfway

Name
in
Full

Frances Catharin Lumm

CERTIFICATE OF DEATH

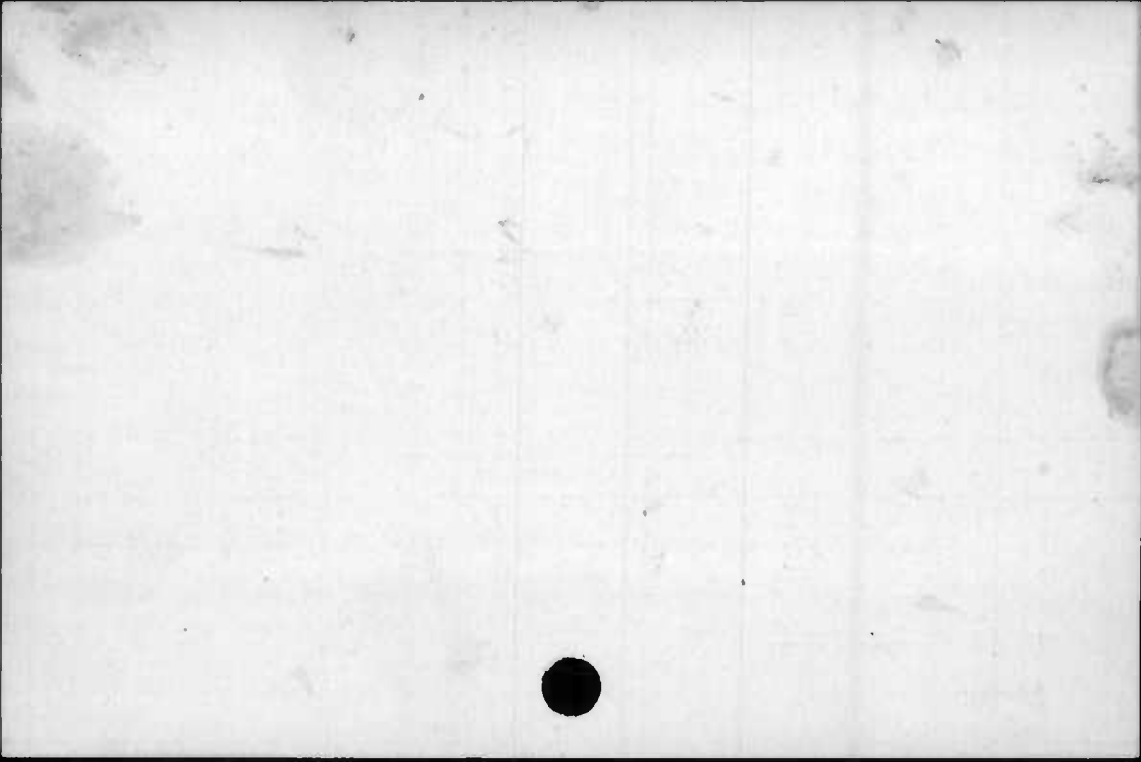
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> Town		<i>Washington</i> County		MARYLAND	
Date of death <i>1904</i> Month <i>8</i> Day <i>2</i>		Age <i>7</i> Years		Months <i>21</i> Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>	
Occupation _____		Where Residing if not at place of death _____			
Married, Single or Widowed _____		Name of Wife or Husband _____			
Father's Name <i>Charles M. Lumm</i>		Father's Birthplace <i>MD</i>			
Mother's Maiden Name <i>Catharin E. Middleknap</i>		Mother's Birthplace <i>MD</i>			
Name of person giving information _____		How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dysentery</i>	How long _____
Immediate <i>Asthma</i>	How long _____
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. P. Hauffer</i>
	Address _____
Accident or Suicide?	



Name
in
Full

Earl John McNall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	<i>1906</i> ^{Month} <i>Aug.</i> ^{Day} <i>13</i>	Age	<i>16</i> ^{Years}	Months	<i>2</i> ^{Days} <i>5</i>
Sex	<i>Male</i>	Color or Race	<i>white</i>	Birth-place	<i>Iowa</i>
Occupation	<i>Worked on farm</i>		Where Residing if not at place of death <i>Orphan's Home</i>		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>_____</i>		
Father's Name	<i>John McNall. Dead. 1890</i>			Father's Birthplace	<i>Wales</i>
Mother's Maiden Name	<i>Lydia E. Hiner. Dead. 1894</i>			Mother's Birthplace	<i>Keedysville</i>
Name of person giving information	<i>J. C. Hiner</i>			How related to deceased	<i>Uncle</i>

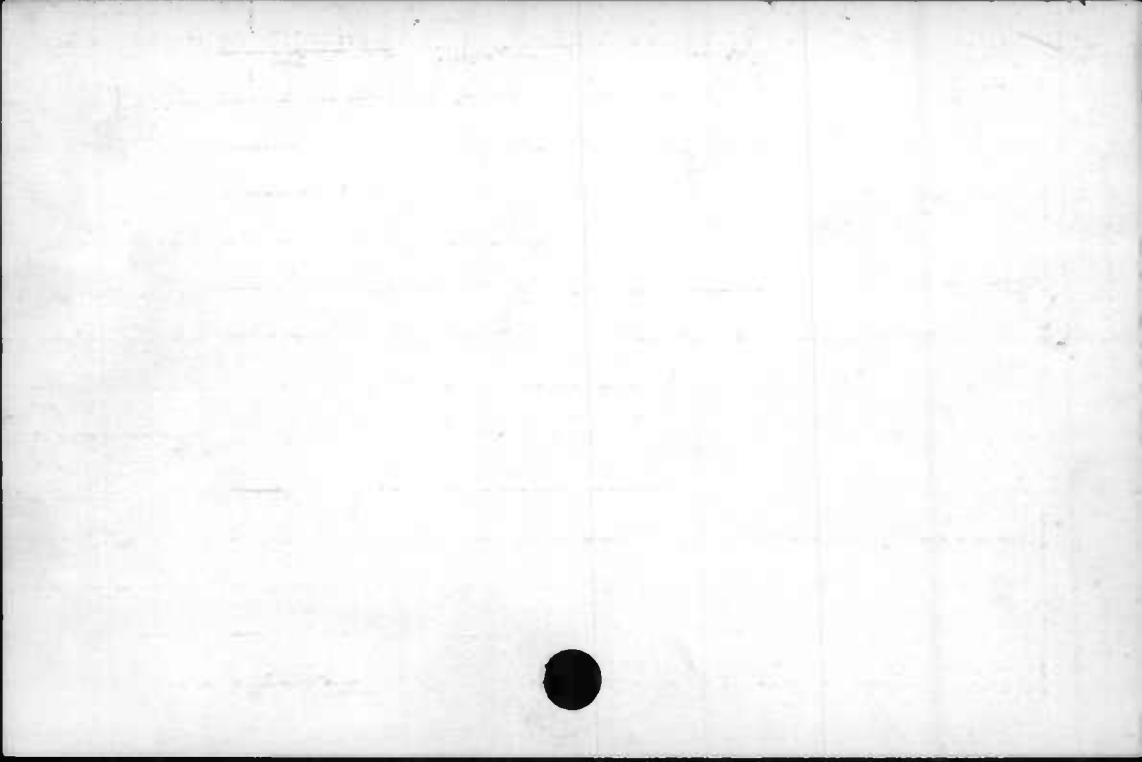
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tub. Tuberculosis</i>	How long	<i>2 years</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>W. P. Mullin</i>
<i>Yes</i>		Address	<i>Hagerstown And</i>
Accident or Suicide?			

Forest Grove

Name in Full		Certificate of Death				
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Sharpsburg</u> <small>Town</small>		<u>Washington</u> <small>County</small>		
				<u>Md</u> <small>State</small>		
		Date of death <u>1906</u> <small>Month</small> <u>8</u> <small>Day</small> <u>13</u>		Age <u>45</u> <small>Years</small>		<u>6</u> <small>Months</small>
		Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Sharpsburg</u>
		Occupation <u>Undertaker</u>		Where Residing If not at place of death <u>Sharpsburg</u>		
		Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>Aldie V. Markin</u>		
		Father's Name <u>Isaac Markin</u>		Father's Birthplace <u>Sharpsburg</u>		
Mother's Maiden Name <u>Susan Davis</u>		Mother's Birthplace <u>Sharpsburg</u>				
Name of person giving information <u>Aldie V. Markin</u>		How related to deceased <u>Wife</u>				
CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary <u>Tuberculosis</u>		How long <u>Several years</u>		
		Immediate <u>Exhaustion</u>		How long <u>27</u>		
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>J. Howell Gardner</u>		
				Address <u>Sharpsburg, Md.</u>		
		Accident or Suicide? <u>No</u>				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} *Rockcastle* ^{County} *Washington*Date of death 190 ^{Month} *8* ^{Day} *15* ^{Years} *22* ^{Months} *—* ^{Days} *—*Sex *Male* Color or Race *Mixed* Birth-place *MD*Occupation *Clerk* Where Residing if not at place of deathMarried, Single or Widowed *Single* Name of Wife or HusbandFather's Name *Joseph Middlekamp*Father's Birthplace *MD*Mother's Maiden Name *—* Mother's Birthplace *MD*Name of person giving information *Joseph Middlekamp* How related to deceased *Father*

CAUSES OF DEATH

Primary *Appendicitis, peritonitis* How long *Four days*Immediate *Exhaustion* How long *one day*

Are the name, age, sex, color, date and place correctly given above?

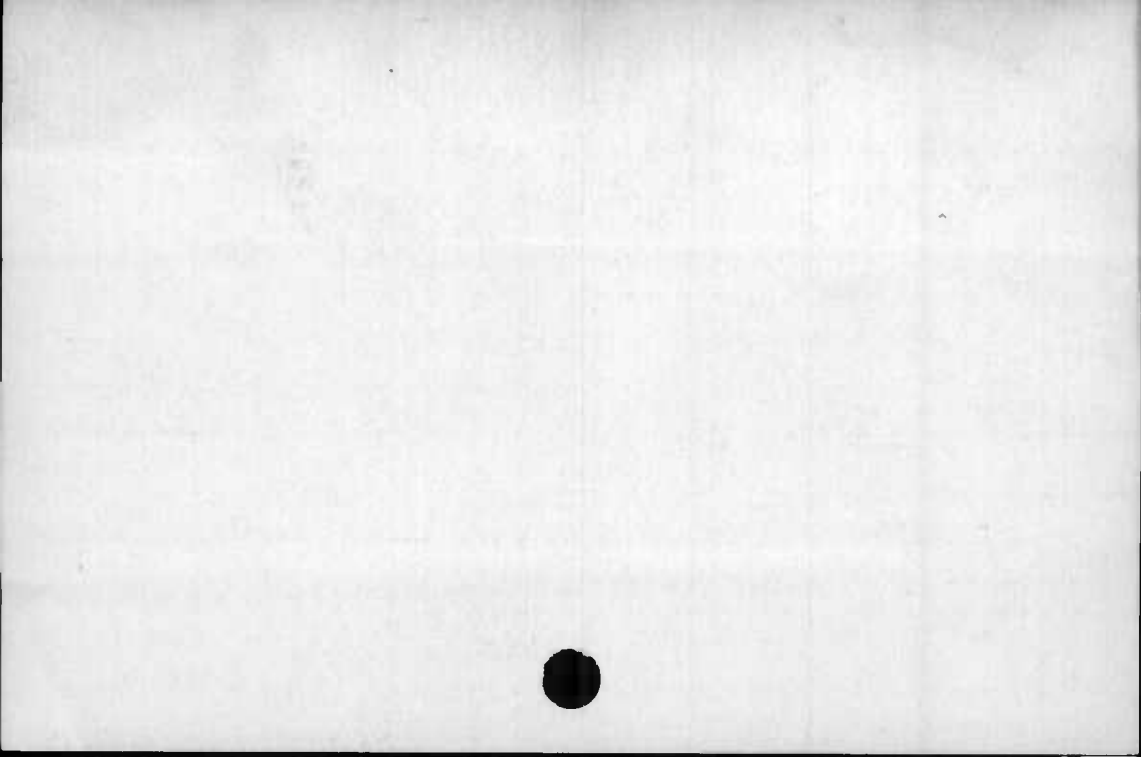
Signature of Physician

Address

W. H. P. Pagan

Accident or Suicide?

PHYSICIAN
OR CORONER



Name in Full Mrs. Annie Moser.		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at Williamsport		Town Washington		County MD	
	Date of death 1906 Aug.		Month Aug.	Day 30	Age 66	
	Sex female		Color or Race white		Birth-place MD	
	Occupation HW.		Where Residing if not at place of death			
	Married, Single or Widowed Single		Name of Wife or Husband			
	Father's Name Elias Moser		Father's Birthplace MD			
	Mother's Maiden Name Lydia Harp		Mother's Birthplace MD			
Name of person giving information Mrs J. H. Murdock		How related to deceased Sister				
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary Carcinoma		How long 45		Years	
	Immediate Exhaustion		How long One week			
	Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Irvin M. Hartz			
			Address Williamsport Maryland.			
Accident or Suicide?						

~~Thurmont~~

Thurmont

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Jacob S. Mullenix</i>		Town <i>Hagerstown</i>		County <i>Wash.</i>		MARYLAND			
Died at		Date of death		Age		Months		Days	
		1906 8 9		37		4		8	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Va.</i>					
Occupation <i>R. R. Engineer</i>		Where Residing if not at place of death							
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Rena Wickel Mullenix</i>							
Father's Name <i>John Mullenix</i>		Father's Birthplace <i>Va.</i>							
Mother's Maiden Name <i>Mary Hale</i>		Mother's Birthplace <i>"</i>							
Name of person giving information <i>Rena Mullenix</i>		How related to deceased <i>wife</i>							
CAUSES OF DEATH									

PHYSICIAN
OR CORONER

Primary	<i>Gastroenteric fever</i>	How long	<i>Two weeks</i>
Immediate	<i>Exhaustion</i>	How long	<i>Several days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>A. H. V. Caggs</i>	
<i>Yes</i>		Address <i>Hagerstown Md</i>	
Accident or Suicide?			



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name Edward Mundy		Town Hagerstown		County Washington		MARYLAND	
Died at		Month 8		Day 24		Years 7	
Date of death 1906		Age 7		Months 6		Days —	
Sex Male		Color or Race Colored		Birth- place Md			
Occupation Child		Where Residing if not at place of death					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Harry Smith		Father's Birthplace Pa					
Mother's Maiden Name Mary Munder		Mother's Birthplace W Va					
Name of person giving In formation Mary Mundy		How related to deceased Mother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Diphtheria	How long 6 days
Immediate Toxaemia	How long 3 hours
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Daniel C. Corcoran
	Address Hagerstown Md
Accident or Suicide?	

Halfway

Name In Full

Certificate of Death

Eloa Elizabeth Peter

Town

County

Died at

1966

Date

Month

Day

Aug 23

Y.

M.

D.

8 17

Native of

Tulac

Occupation

MARYLAND

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~~~Number of children living~~Husband
of

Wife

Father's
Name

Samuel Peter

Mother's
Name

Clara Horst

Cause of

Primary

Cholera Infantum

How long sick

2 days

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

DOR Miller M.D.

Address

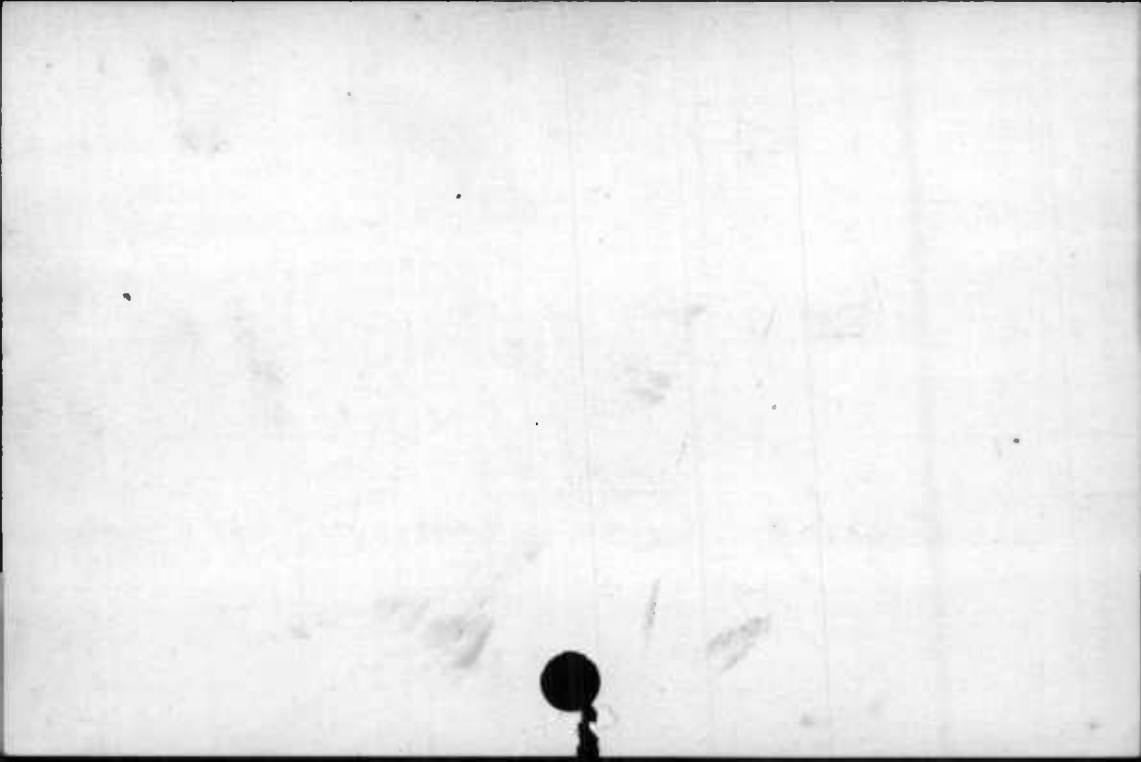
Tulac, Oregon, OR

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79605

Long meadows

Name in Full		Bertha May Punt				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Cascad		County Washington Co,		MARYLAND	
	Date of death	1906	Month Aug	Day 13	Age Years 28	Months 10	Days 28
	Sex	Female		Color or Race	White American		
	Occupation	Home		Where Residing if not at place of death	Cascad Md,		
	Married, Single or Widowed	single		Name of Wife or Husband	—		
	Father's Name	David Punt			Father's Birthplace	Germanus Md	
	Mother's Maiden Name	Harriet Tracy			Mother's Birthplace	Germanus Md	
	Name of person giving information	David Punt			How related to deceased	Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Chorea Insaniens			How long	Three months	
	Immediate	Exhaustion			How long		
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	R. P. Laughlin		
	David Punt,			Address	220 West Main St, Weymouth		
	Accident or Suicide?			no.			



Name
in
Full

Catharine Ridenour

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Near Bakersville ^{County} Washington

Date of death 1906 Month 8 Day 23 Age Years Months 3 Days

Sex Female Color or Race White Birth-place Near Bakersville

Occupation _____ Where Residing If not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name Illlegitimate

Father's Birthplace

Mother's Maiden Name Annie Ridenour

Mother's Birthplace Wash Co Md

Name of person giving information Nathan Ridenour

How related to deceased Grandfather

CAUSES OF DEATH

Primary Marasmus How long 2 mos

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

W. M. Reichard
Fairplay.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Edith Ridenour

Town

County

MARYLAND

Died at

Bakersville

Wash.

Date

of death 1904

Month

8

Day

8

Age

Years

Months

2

Days

27

Sex

Female

Color or
Race

White

Birth-
place

Bakersville

Occupation

Where Residing If not
at place of death

Bakersville

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Illegitimate

Father's
BirthplaceMother's
Maiden Name

Anna Ridenour.

Mother's
BirthplaceName of person giving
In formation

Nathan Ridenour

How related
to deceased

Grand Father

CAUSES OF DEATH

Primary

Marasmus

How long

2 mos

Immediate

convulsions

How long

12 hrs

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

V.M. Reichard

Address

Fair play.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Irvin Hyland Rohrer

CERTIFICATE OF DEATH

Died at *Keadysville* ^{Town} *Washington* ^{County} *State*
MARYLANDDate of death 1906 ^{Month} 8 ^{Day} 9 ^{Age} ^{Years} ^{Months} ^{Days} 23Sex *Male* Color or Race *White* Birthplace *Keadysville*Occupation *None* Where Residing if not at place of death *Keadysville*Married, Single or Widowed ☐ Name of Wife or Husband *Ida Boony*Father's Name *Saukey Rohrer* Father's Birthplace *Keadysville*Mother's Maiden Name *Ida Boony* Mother's Birthplace *Keadysville*Name of person giving information *Saukey Rohrer* How related to deceased *Father*

CAUSES OF DEATH

Primary *Premature Birth* *150* How long *1 month*Immediate *Cardiac insufficiency* How long *10 days*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *W. M. Nibler*Address *Keadysville, Md.*Accident or Suicide? ☐TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name In Full		Chas Saunders				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Hagerstown		County Washington		MARYLAND
	Date of death	1906	Month 8	Day 22	Age 61	Years	Months —
	Sex	Male		Color or Race	White		Birthplace
	Occupation	Retail Merchant		Where Residing if not at place of death		Md	
	Married, Single or Widowed	Married		Name of Wife or Husband		Mary Saunders	
	Father's Name	John D Saunders		Father's Birthplace		Pa	
	Mother's Maiden Name	Rebecca Wallitch		Mother's Birthplace		Md	
Name of person giving information	R M Saunders		How related to deceased		Brother		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Tumor				How long	(46)
	Immediate	Ech. aneurism				How long	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		E. C. M. M. M. M.
					Address		
	Accident or Suicide?						

Boston

Name
in
Full

Sarah Catharine Schindl

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1904		8	8	58	5	28	
Sex		Color or Race		Birthplace			
Female		White		Md			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Married				Lewis Schindl			
Father's Name				Father's Birthplace			
John Estrie				Germany			
Mother's Maiden Name				Mother's Birthplace			
Magdalene Lucy				Md			
Name of person giving information				How related to deceased			
David Estrie				Brother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Insufficiency of Mental Organ	How long	Several days
Immediate	Exhaustion	How long	Several weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Chas. V. Cagney	
		Address	
		Newington Md	
Accident or Suicide?			

AGERSTOWA.

WASHINGTON.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Bertha Shirk

Died at *Green Spring* ^{Town} *Washington* ^{County} **MARYLAND**

Date of death *1906* ^{Month} *Aug.* ^{Day} *24* Age *5-* ^{Years} *5-* ^{Months} *MD* ^{Days}

Sex *Female* Color or Race *white* Birth-place *MD*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *John Shirk* Father's Birthplace *MD*

Mother's Maiden Name *Bertha Murray* Mother's Birthplace *MD*

Name of person giving information *John Shirk* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Chronic Entero-colitis* *105* How long *2 mo's*

Immediate *Asthenia* How long *5 Days*

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *C. J. Mason*

Address *Clearspring*
Maryland

Accident or Suicide? ☒



Name
in
Full

CERTIFICATE OF DEATH

Catherine Elizabeth Spencer

Town

County

MARYLAND

Died at

Blue Mountain

Washington

Date

Month

Day

Years

Months

Days

of death

1906 Aug

1st

Age

—

15

25

Sex

Female

Color or
Race

White

Birth-
place

Blue Mountain

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Frank E Spencer

Father's
Birthplace

Blue Mt

Mother's
Maiden Name

Ida L Scheldt

Mother's
BirthplaceName of person giving
In formation

Jos Barnett

How related
to deceased

no

CAUSES OF DEATH

Primary

Cholera Infantum

How long

7 days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

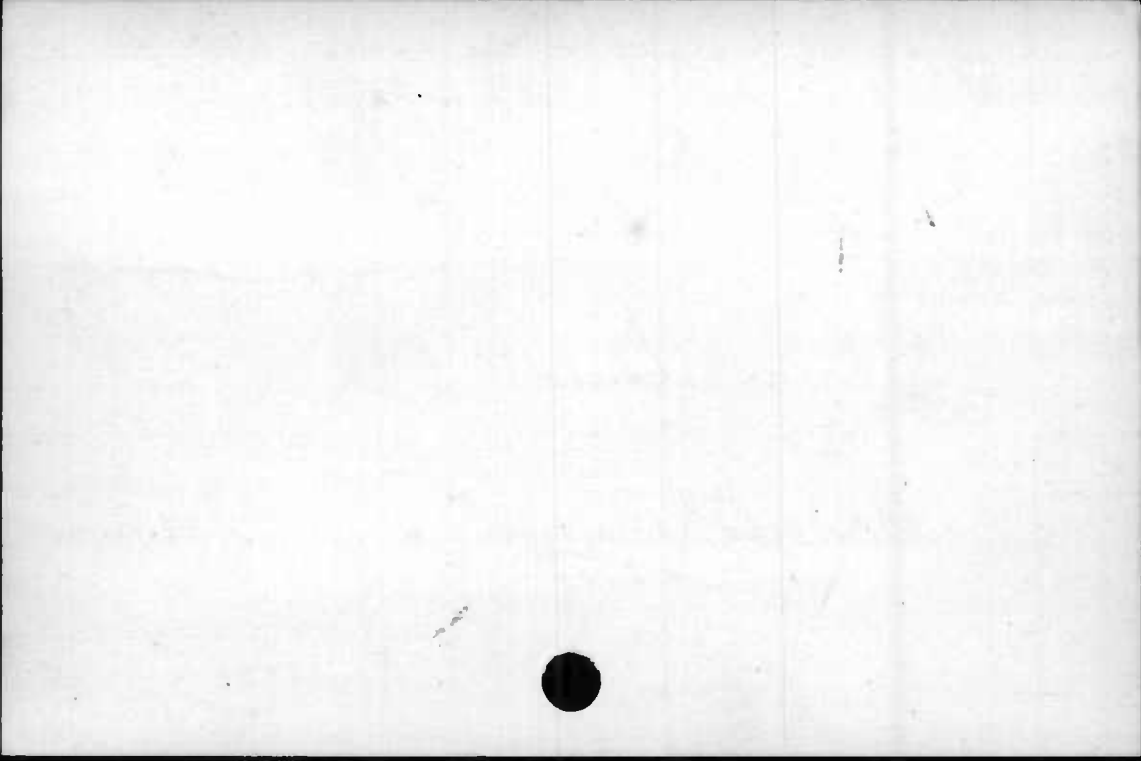
yes

Signature of
Physician

Address

J L Massie MD
Smithsburg Md

Accident or Suicide?



Name
In
Full

CERTIFICATE OF DEATH

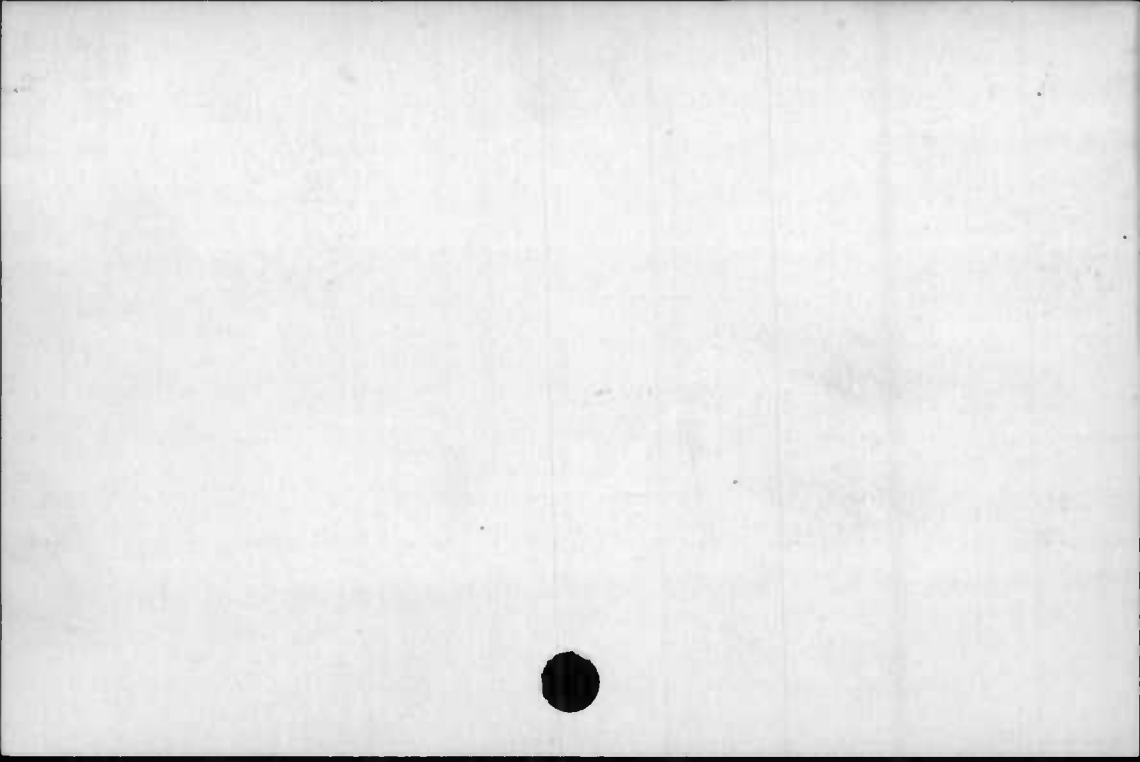
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> ^{Town} <i>Washington</i> ^{County}		MARYLAND	
Date of death <i>1906</i> ^{Month} <i>8</i> ^{Day} <i>24</i> ^{Years} <i>—</i>	Age <i>—</i>	Months <i>6</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>md</i>	
Occupation		Where Residing if not at place of death	
Married, Single or Widowed	Name of Wife or Husband		
Father's Name <i>Joseph Berry</i>	Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Nellie V Sterling</i>	Mother's Birthplace <i>md</i>		
Name of person giving information <i>Nellie Sterling</i>	How related to deceased <i>mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>congestion of Brain</i>	How long <i>48 hours</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>L. H. Zimmerman</i>
	Address <i>Hagerstown md</i>
Accident or Suicide?	



Name
in
Full

Still Born Stone

CERTIFICATE OF DEATH

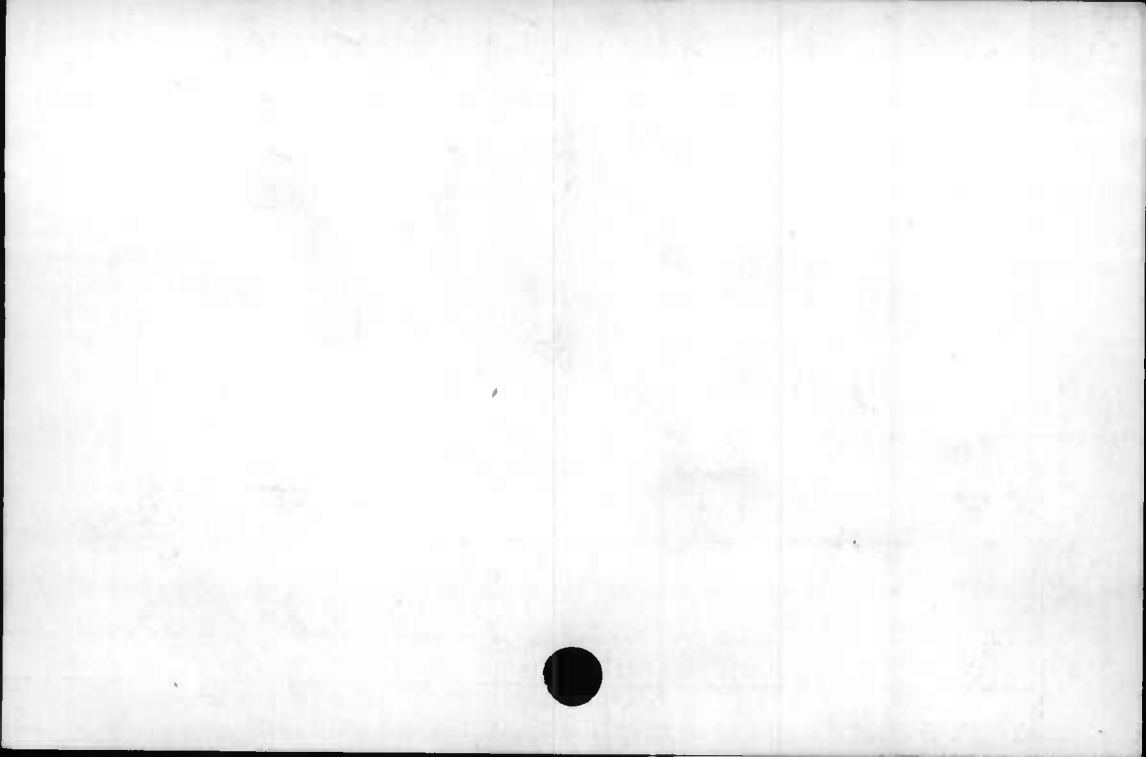
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Hagerstown		^{County} Washington		MARYLAND	
Date of death	1906	Month	8	Day	10
Age	Years		Months		Days
Sex	Male		Color or Race	White	
Occupation			Birth-place	Ind	
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Charles V Stone		
Mother's Maiden Name			Susan Merty		
Name of person giving information			Charles Stone		
Father's Birthplace			Va		
Mother's Birthplace			Pa		
How related to deceased			Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Still Born	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?		Hagerstown Md	



Name
In
Full

CERTIFICATE OF DEATH

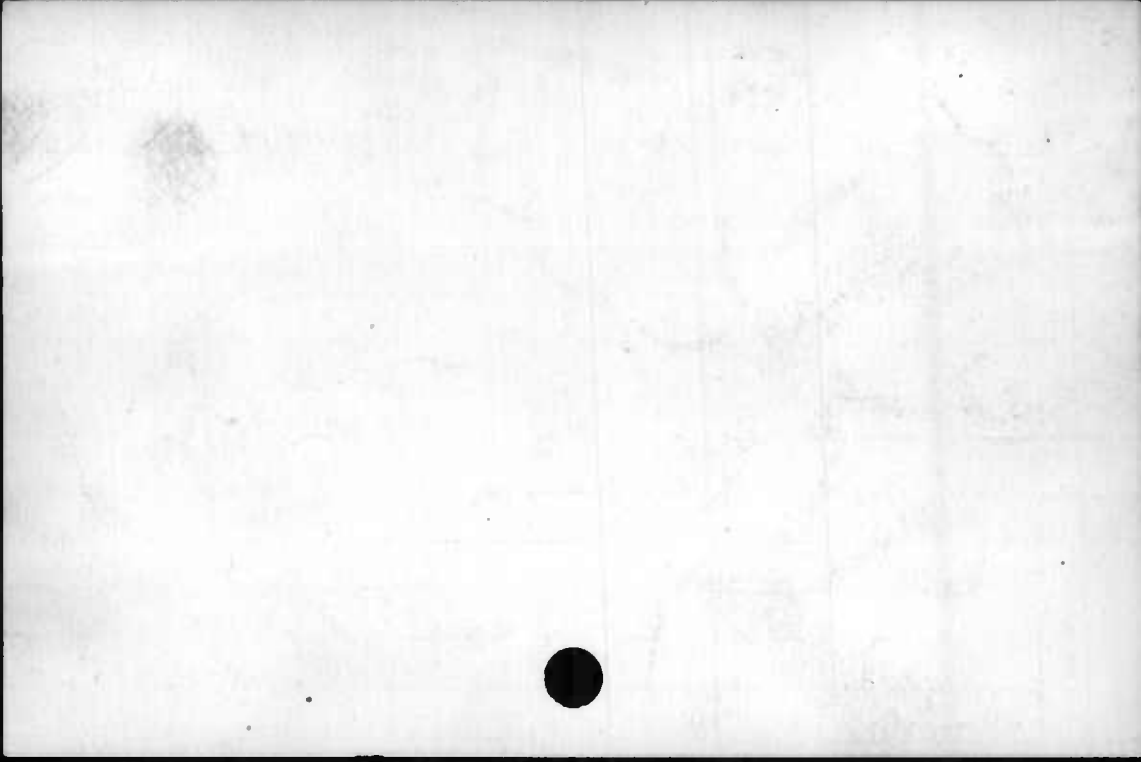
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Angelica E. Stonebaker</i>		Town <i>Dukestown</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Dukestown</i>		Month <i>8</i>		Day <i>10</i>		Age <i>91</i>	
Date of death <i>1906</i>		Month <i>8</i>		Day <i>10</i>		Years <i>91</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Ind</i>		Months <i>—</i>	
Occupation <i>—</i>		Where Residing If not at place of death <i>—</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Benjamin Reutch</i>		Father's Birthplace <i>Ind</i>		Mother's Name <i>Angelica Shaffer</i>		Mother's Birthplace <i>Ind</i>	
Name of person giving information <i>Harry Keller</i>		How related to deceased <i>Nephew</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Old age</i>	How long <i>154</i>
Immediate <i>Gun Discharge Heart Failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. J. Wiegand</i>
	Address <i>Dukestown</i>
Accident or Suicide? <i>—</i>	<i>Ind</i>



**TO BE ANSWERED BY
NEAREST FRIEND**

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Sex	Male	Color or Race	White	Birth-place	Ill
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Occupation Student Where Residing if not at place of death at place of death

Married, Single or Widowed	Name of Wife or Husband
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Father's Name	John Paulus Stuebner	Father's Birthplace	ind
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Mother's Maiden Name	Alice Sterling	Mother's Birthplace	rich.
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Name of person giving information	Russell J. Huber	How related to deceased	Grandson
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CAUSES OF DEATH

Primary	How long

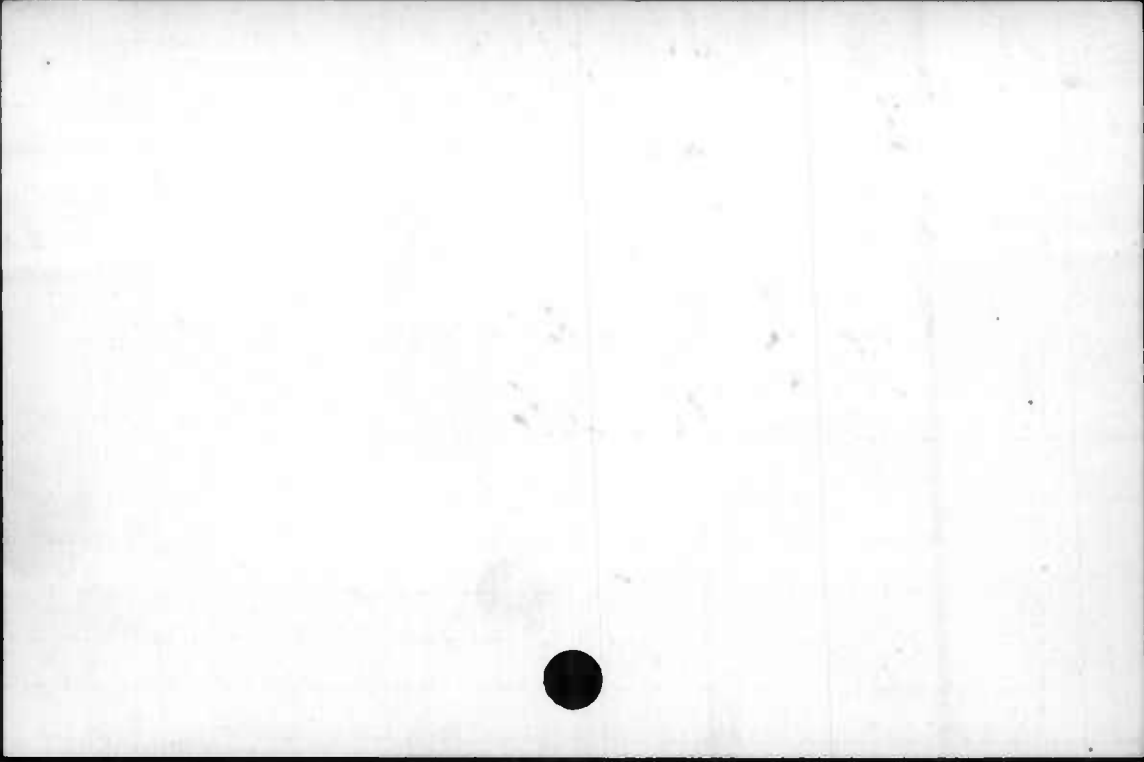
Immediate *60 minutes*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *O. L. S. Hermann*

Address Stagerstown Md.

Accident or Suicide?



Name

in
Full

CERTIFICATE OF DEATH

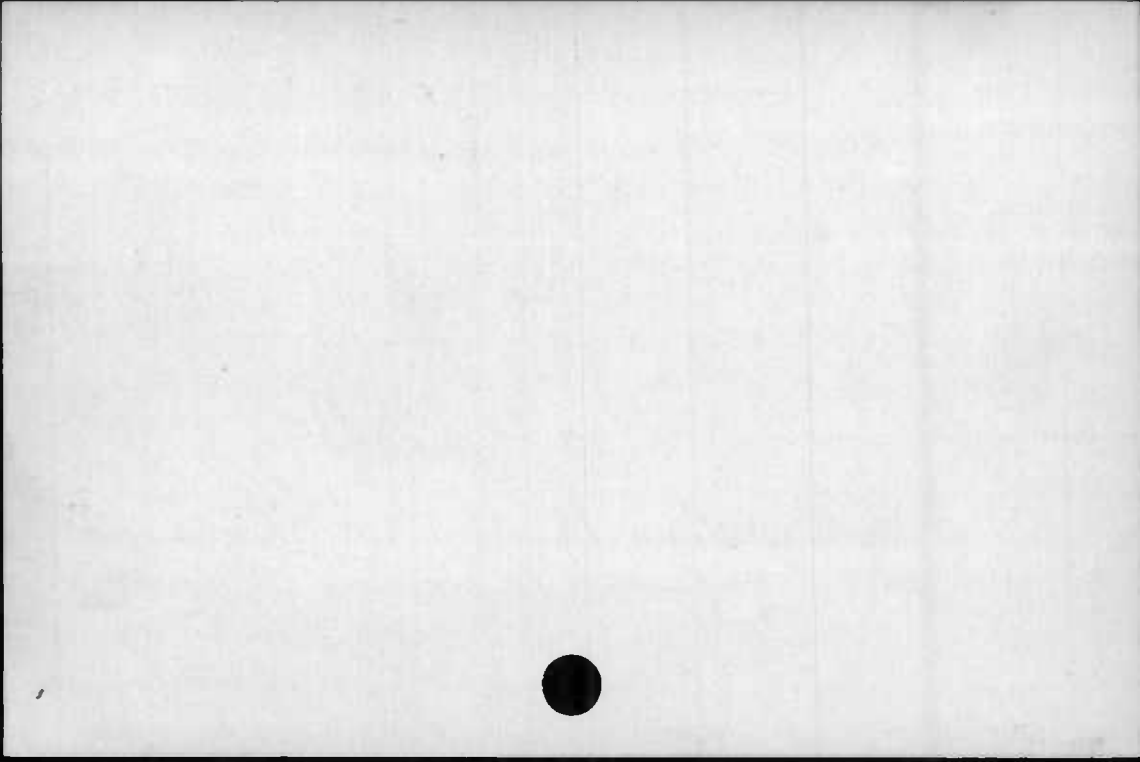
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>John Strite</i>		Town <i>Dry Run</i>		County <i>Wash</i>		MARYLAND	
Date of death	190	Month	<i>Aug.</i>	Day	<i>21</i>	Age	<i>74</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birthplace	<i>Ind</i>	Months	<i>11</i>
Occupation	<i>Farmer</i>			Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			<i>Henrette Hitchcock</i>			
Father's Name	<i>Samuel Strite</i>			Father's Birthplace <i>Pa</i>			
Mother's Maiden Name	<i>Martha Sniveley</i>			Mother's Birthplace <i>"</i>			
Name of person giving information	<i>Mr Strite</i>			How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Paralysis agitans</i>	How long	<i>Five years</i>
Immediate	<i>Asthenia</i>	How long	<i>Two months</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Abraham Shank</i>
		Address	<i>Clearspring Washington Co.</i>
Accident or Suicide?			



Name in Full		Philip T. Swain				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Sharpburg		Washington		MARYLAND	
	Date of death	1906	Aug	24	Age	2	11
	Sex	Male		Color or Race	White		Birth- place
	Occupation			Where Residing if not at place of death		Sharpburg	
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	Jm Swain				Father's Birthplace	Sharpburg
PHYSICIAN OR CORONER	Mother's Maiden Name	Margaret Long				Mother's Birthplace	Indian Spring
	Name of person giving In formation	Margaret Long				How related to deceased	Mother
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	Malnutrition		(151)		How long	Two mrs.
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician		E. M. Gurnett	
	Accident or Suicide?			Address		Sharpburg, Md.	

Chas. S. Wade
Undertakes.

Name
in
Full

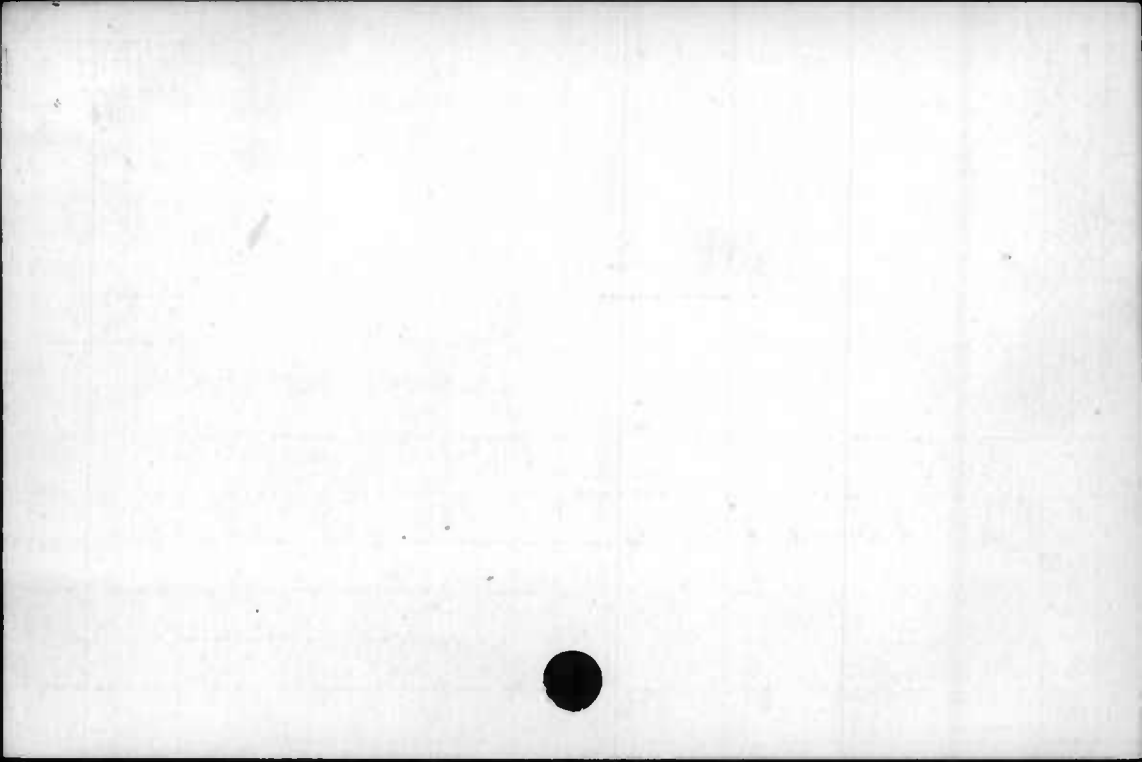
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Blagustown</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death 1906		Month 8	Day 28	Age 71	Years —
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>md</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband			
Father's Name <i>Thomas Tall</i>		Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Sarah Williams</i>		Mother's Birthplace <i>md</i>			
Name of person giving information <i>Alice Tall</i>		How related to deceased <i>Daughter</i>			

•PHYSICIAN
OR CORONER

CAUSES OF DEATH	
Primary <i>Semilitary</i>	How long
<i>Exhaustion</i>	How long
Immediate	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. D. Taupfer, M.D.</i>
	Address <i>Stauffer</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Susan A Updegraff</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>8</i>		Day <i>19</i>		Years <i>64</i>	
Date of death <i>1902</i>		Months <i>6</i>		Days <i></i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>			
Occupation <i></i>				Where Residing If not at place of death <i></i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Samuel Updegraff</i>					
Father's Name <i>Wm Potts</i>		Father's Birthplace <i>don't know</i>					
Mother's Maiden Name <i>Sallie Sciberry</i>		Mother's Birthplace <i>don't know</i>					
Name of person giving information <i>Samuel Updegraff</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Urinary Paresis with Exhaustion</i>	How long <i>6 years</i>
Immediate <i></i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Montagano</i>
	Address <i>Hagerstown Md.</i>
Accident or Suicide? <i></i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name Mrs Bertha Wise

Died at Hagerstown ^{Town} Washington ^{County} MARYLAND

Date of death 1906 ^{Month} 8 ^{Day} 25 ^{Years} 37 ^{Months} - ^{Days} -

Sex Female Color or Race White Birth-place Ind

Occupation House work Where Residing if not at place of death -

Married, Single or Widowed Married Name of Wife or Husband Joshua Wise

Father's Name Henry Coffman Father's Birthplace Ind

Mother's Maiden Name Mary Schell Mother's Birthplace W Va

Name of person giving information Joshua Wise How related to deceased Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Peritonitis 11/6 How long one week

Immediate Exhaustion How long 48 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician W. W. Piquet

Address Hagerstown Ind

Accident or Suicide? No

